

<b>Case Number:</b>	CM14-0106404		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	12/27/2010
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 45 year-old female who reported an injury 12/27/2011. The mechanism of injury was not provided within the medical records. The clinical note dated 06/19/2014 indicated diagnoses of cervical HNP, status post right shoulder arthroscopic repair/arthroscopic acromioclavicular joint arthroplasty/subacromial debridement dated 08/14/2012. The injured worker reported she had improved with acupuncture, chiropractic therapy, and physical therapy. On physical examination, the injured worker had a positive Spurling, positive spasms, positive paraspinal tenderness, and positive pain with range of motion. The injured worker's treatment plan included chiropractic, physical therapy and acupuncture. The injured worker's prior treatments included diagnostic imaging, surgery, chiropractic, physical therapy, acupuncture, and medication management. The provider submitted a request for additional physical therapy, acupuncture and chiropractic therapy. A request for authorization was not submitted for review to include the date the treatment was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Physical therapy, twelve (12) sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** The MTUS states that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. The guidelines note injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. It was indicated that the injured worker had prior physical therapy; however, there is lack of documentation indicating the number of completed sessions and the efficacy of the prior therapy. In addition, there's lack of documentation including an adequate and complete physical exam demonstrating the injured worker had decreased functional ability, decreased range of motion, and decreased strength or flexibility to warrant additional physical therapy. Moreover, the request did not indicate a time frame or a body part for the physical therapy. Additionally, the completed physical therapy should have been adequate to improve functionality and transition the injured worker to a home exercise program where the injured worker may continue exercises such as strengthening, stretching, and range of motion. Therefore, the request for physical therapy is not medically necessary.

**Acupuncture, twelve (12) sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease side effects of medication-induced nausea, promote relaxation in an anxious patient and reduce muscle spasms. Acupuncture treatments may be extended if functional improvement is documented. There is lack of documentation indicating the injured worker did not tolerate a reduction of pain medications. In addition, the requested 12 visits of acupuncture exceed the guideline recommendations. Moreover, the amount of acupuncture visits that have already been completed is not indicated. Additionally, it was not indicated what body part for the acupuncture. Therefore, the request for acupuncture is not medically necessary.

**Chiropractic, twelve (12) sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Manipulation and Therapy Page(s): 58.

**Decision rationale:** The MTUS guidelines recommend chiropractic care for chronic pain if caused by musculoskeletal conditions. There is lack of documentation to include an adequate and complete physical exam demonstrating the injured worker had decreased functional ability, decreased range of motion, decreased strength or flexibility. In addition, the amount of chiropractic visits that have already been completed was not indicated to include the efficacy of the chiropractic visits. Moreover, the request did not indicate a time frame or a body part for the chiropractic visits. The number of visits that have already been completed should have been adequate to improve functionality and transitioned the injured worker to a home exercise program where the injured worker may continue with exercises such as strengthening and stretching and range of motion. Therefore, the request for chiropractic therapy is not medically necessary.