MAXIMUS Federal Services

Case Number:	CM14-0106911		
Date Assigned:	08/01/2014	Date of Injury:	06/22/2011
Decision Date:	08/29/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/10/2014

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 Nevada. 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 records, presented for review, indicate that this 44-year-old female was reportedly injured on 6/22/2011. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated 4/7/2014, indicated that there were ongoing complaints of bilateral shoulder pain radiating to the neck and hands. The physical examination demonstrated cervical spine limited range of motion, and positive tenderness to palpation over the bilateral cervical paraspinal muscles and trapezius. Bilateral shoulders had limited range of motion. Positive Hawkins and Crossed Arm testing. Muscle strength 5/5. Diagnostic imaging studies: magnetic resonance imaging (MRI) of the cervical spine on 7/9/2014 revealed no disc protrusion or stenosis. Previous treatment included previous therapy #24 sessions, medications and conservative treatment. A request had been made for Physical Therapy 2 times a week for 6 weeks for the neck and bilateral shoulders, acupuncture 3 times a week for 9 weeks and was not certified in the pre-authorization process on 6/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 6 Neck and Bilateral Shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy; Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Shoulder Procedure Summary (last updated 04/25/2014).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: MTUS guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis and recommend a maximum of 10 visits. The claimant has chronic complaints of neck and bilateral shoulder pain and review of the available medical records failed to demonstrate an improvement in pain or function. The claimant underwent 24 sessions of functional restoration therapy and in the absence of clinical documentation to support additional visits; this request is not considered medically necessary.

Acupuncture 3 x wk x 9 wks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS guidelines support acupuncture as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation to hasten functional recovery. When noting the claimant's diagnosis of neck pain and rotator cuff syndrome, date of injury 2011, clinical presentation, and the lack of documentation of conservative treatments or an on-going physical rehabilitation program, there is insufficient clinical data provided to support additional acupuncture; therefore, this request is not considered medically necessary.