

Case Number:	CM14-0109592		
Date Assigned:	08/01/2014	Date of Injury:	11/07/2013
Decision Date:	11/12/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/14/2014

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 Internal Medicine and Pulmonary Disease 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 48-year-old female who reported a work related injury on 11/17/2013. The mechanism of injury was not provided for review. The injured worker's diagnoses consist of shoulder arthralgia, shoulder impingement/bursitis, elbow arthralgia, and lateral elbow epicondylitis. Past treatment has included physical therapy, medication management, home exercise, and the application of ice/heat to areas of discomfort. Diagnostic studies include an MRI of the right shoulder on 03/10/2014, which revealed large erosion at the infraspinatus insertion on the posterior aspect of the greater tuberosity and degenerative changes of the acromioclavicular joint space. An MRI of the wrist on 03/10/2014 revealed mild tendinosis of the extensor pollicis longus and exterior carpi ulnar is tendons. An MRI of the shoulder on 03/11/2014 revealed palpable Buford complex, and anterior and superior lateral tears. Upon examination on 06/18/2014 the injured worker presented for a recheck of her bilateral upper extremities. She stated that most of her pain was in her right elbow and right shoulder. Upon physical examination of the shoulders, it was noted there was no heat, ecchymosis, erythema, swelling, or winging of the scapula bilaterally. It was also noted that the injured worker had tenderness to palpation of the supraspinatus bilaterally. Upon active range of motion, it was noted that the injured worker's range of motion was within normal limits. It was also noted that the injured worker had a positive impingement test, with the right being greater than the left. The injured worker's motor strength was noted to be normal within the shoulders. Upon physical examination of the elbow, it was noted that the injured worker had tenderness bilaterally to the lateral epicondyles. Active range of motion of the elbows was noted to be within normal limits. Motor strength of the elbow was noted to be within normal limits. The injured worker's prescribed medications include Naprosyn and Voltaren. The treatment plan consisted of ice/heat to areas of discomfort as needed, home exercise program, over the counter nonsteroidal anti-

inflammatory drugs and analgesics, modified duties, and physical therapy 2 times a week for 4 weeks for the right elbow and right shoulder. The rationale for the request was shoulder strengthening and pain control to include iontophoresis for the right elbow. It is noted that physical therapy was recently denied due to documented benefit of previous physical therapy. The injured worker stated she did have several months of physical therapy, but they were focused on strengthening of the right shoulder. She did have improvement with this physical therapy, but pain returned about a month after stopping physical therapy treatment. The injured worker stated she had a few treatments of iontophoresis of the right elbow with good relief of pain, but this was only done about 3 times.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two (2) times a week for four (4) weeks for the Bilateral Shoulders:

Upheld

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

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

Decision rationale: The request for Physical Therapy two (2) times a week for four (4) weeks for the Bilateral Shoulders is not medically necessary. The California MTUS Guidelines recommends 9 to 10 visits over 8 weeks for myalgia and myositis. The documentation submitted for review indicated the injured worker did have improvement with physical therapy, but pain returned about a month after stopping treatment. However, documentation regarding those sessions was not provided for review. Additionally, there is little to no comment on functional improvement, or specific comments on short term benefits the injured worker incurred from prior treatments of physical therapy. In the absence of documentation showing objective functional gains made with the previous visits and exceptional factors to warrant visits beyond the guideline recommendations, the request is not supported. Furthermore, the physical examination did not yield any residual deficits that would require additional physical therapy. There was no evidence to support that the injured worker cannot address her residual deficits with the current home exercise program. As such, the request for Physical Therapy two (2) times a week for four (4) weeks for the

Eight (8) sessions of Acupuncture for the Bilateral Shoulder and Elbows: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for Eight (8) sessions of Acupuncture for the Bilateral Shoulder and Elbows is not medically necessary. The California MTUS Guidelines state acupuncture is

used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints. Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effects of medication induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. In regards to the injured worker, it is noted that the injured worker had 6 prior sessions of acupuncture. In the documentation provided for review, there was no functional improvement reported from the prior treatments of acupuncture. Additionally, the guidelines note the time noted to produce functional improvement is 3 to 6 treatments, with a recommended frequency of 1 to 3 times per week and a duration of 1 to 2 months. Acupuncture treatment may be extended if functional improvement is documented. The injured worker complained of pain. However, there was not sufficient documentation indicating that the doses of her medication had been reduced, or that the treatment was not tolerated. Furthermore, there is no documentation indicating that the injured worker benefited from the prior treatments of acupuncture. As such, the request for Eight (8) sessions of Acupuncture for the Bilateral Shoulder and Elbows is not medically necessary.