

<b>Case Number:</b>	CM14-0013604		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	06/05/2013
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	01/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 34 year old female with an injury date of 06/05/13. Based on the 01/07/14 progress report provided by treating physician, the patient complains of right shoulder pain rated 5-6/10 and tingling in the right hand. Physical examination to the right shoulder revealed tenderness to palpation over all aspects of the shoulder and the acromioclavicular joint. Range of motion was decreased, especially on abduction 82 degrees. Per provider report dated 07/01/14, patient has completed 12 physical therapy sessions. Physical therapy notes dated 06/24/14 - 07/09/14 showed 6 visits. The provider is recommending patient to continue physical therapy 2x6 for the neck and bilateral shoulders, as "she has demonstrated improvement as evidenced by increased range of motion and decreased pain levels." The provider is also recommending acupuncture treatment once a week for six weeks. Two x-ray views of the right shoulder on 01/07/14 revealed a normal study. MRI of the right shoulder dated 09/26/13 revealed a reduction of the subacromial space and bursitis without evidence of rotator cuff tear or retraction. NCV/SSEP of the bilateral upper extremities dated 09/19/13 showed normal findings without evidence of neuropathy. Diagnoses dated 01/07/14 included cervical sprain/strain; cervical brachial syndrome, right arm; carpal tunnel syndrome, right wrist; bilateral shoulder sprain/strain; lumbar sprain/strain; psychological diagnosis; and internal medicine diagnosis. The utilization review determination being challenged is dated 01/20/14. The rationale for acupuncture was "claimant has had 24 visits of acupuncture." Treatment reports were provided from 07/03/13 - 07/09/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Sessions of Acupuncture for the Right Shoulder: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request is for 6 sessions of acupuncture for the right shoulder, per provider report dated 01/07/14. The patient's diagnosis dated 01/07/14 included bilateral shoulder sprain/strain, right arm cervical brachial syndrome, and cervical sprain/strain. MRI of the right shoulder dated 09/26/13 revealed a reduction of the subacromial space and bursitis without evidence of rotator cuff tear or retraction. MTUS Acupuncture Medical Treatment Guidelines states: "(i) Time to produce functional improvement: 3 to 6 treatments (ii) Frequency: 1 to 3 times per week (iii) Optimum duration: 1 to 2 months. (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." Per progress report dated 01/07/14, provider is recommending acupuncture treatment once a week for six weeks. According to the guidelines, prior response to therapy is not pre-requisite to a trial of acupuncture. MTUS allows for a trial of acupuncture up to 6 sessions and more if functional improvement is demonstrated. Review of medical records do not show that patient tried acupuncture in the past. However, per UR letter dated 01/20/14 "claimant has had 24 visits of acupuncture." There is no documentation of functional improvement to warrant additional acupuncture sessions. Therefore, this request is not medically necessary.

**12 Sessions of Physical Therapy for the Right Shoulder: Upheld**

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

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

**Decision rationale:** The request is for 12 sessions of physical therapy for the right shoulder, per provider report dated 01/07/14. The patient's diagnosis dated 01/07/14 included bilateral shoulder sprain/strain, right arm cervical brachial syndrome, and cervical sprain/strain. MRI of the Right Shoulder dated 09/26/13 revealed a reduction of the subacromial space and bursitis without evidence of rotator cuff tear or retraction. MTUS pages 98, 99 have the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per progress report dated 01/07/14, provider is recommending patient to continue physical therapy twice a week for six weeks for the neck and bilateral shoulders, as "she has demonstrated improvement as evidenced by increased range of motion and decreased pain levels." Per provider report dated 07/01/14, patient has completed 12 physical therapy sessions.

Physical therapy notes dated 06/24/14 - 07/09/14 showed 6 visits. There is no discussion of flare-ups, new injury or new symptoms warranting additional treatment. Furthermore, the requested 12 sessions exceed what is recommended by MTUS. Therefore, this request is not medically necessary.