

<b>Case Number:</b>	CM14-0014105		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	05/12/2010
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of May 12, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy over the course of the claim; twenty sessions of acupuncture, per the claims administrator; shoulder corticosteroid injection therapy; and reported manipulation under anesthesia surgery on July 2, 2013. In a Utilization Review Report dated January 9, 2014, the claims administrator denied a request for 12 sessions of physical therapy and likewise denied a request for six sessions of acupuncture. The claims administrator invoked non-MTUS ODG guidelines to deny acupuncture, despite the fact that the MTUS addressed the topic. In its Utilization Review Report, the claims administrator stated that its decision was based on a request for authorization form dated January 3, 2014 and a progress note dated November 25, 2013. Somewhat incongruously, the claims administrator stated that this request for authorization form was dated January 3, 2014 in one section of his note and January 2, 2014 in another section of his note. The applicant's attorney subsequently appealed. In a progress note dated July 17, 2013, the applicant was described as doing well following earlier manipulation under anesthesia surgery. Physical therapy was sought while the applicant was returned to regular duty work. In a November 25, 2013 progress note, the applicant was again described as four and a half months removed from the date of shoulder manipulation under anesthesia surgery. Twelve sessions of physical therapy and six sessions of acupuncture were sought. The applicant was returned to regular duty work and given Ultram for pain relief. The applicant was described as four and a half months removed from the date of earlier shoulder manipulation under anesthesia surgery. 170 degrees of shoulder flexion was appreciated. It was stated that the

applicant could continue with home range of motion exercises in addition to pursuing further formal physical therapy.

### **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 six (6) to the Left Shoulder:** Upheld

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

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

**Decision rationale:** It appeared that the claimant was outside of the six-month postsurgical physical medicine treatment period established in MTUS 9792.24.3 as of the date additional therapy was sought, January 3, 2014. The MTUS Chronic Pain Medical Treatment Guidelines were therefore applicable. The 12-session course of treatment sought, thus, does represent treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the issue reportedly present here and seemingly runs counter to the principle enunciated on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that applicants are expected to continue active therapy at home as an extension of the treatment process in order to maintain improvement levels. In this case, the applicant was described on an office visit on November 25, 2013 as exhibiting near-normal shoulder range of motion and flexion to 170 degrees, despite pain complaints. It was also stated that the applicant was performing home exercises as of this point in time. The applicant had also been returned to regular duty work on this date. It appeared, on and off, that the applicant was capable of performing self-directed home physical medicine on and around the date in question, effectively obviating the need for the lengthy formal course of physical therapy proposed here. Therefore, the request is not medically necessary.

**Acupuncture one (1) times six (6) to the Left Shoulder:** Overturned

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

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

**Decision rationale:** The request in question represents a renewal request for acupuncture. As noted in MTUS 9792.24.1.d, acupuncture treatments may be renewed if there is evidence of functional improvement as defined in Section 9792.20f. In this case, the applicant's achieving and/or maintaining full-duty work status does constitute prima facie evidence of functional improvement as defined in MTUS 9792.20f through completion of earlier acupuncture in unspecified amounts over the course of the claim. Therefore, the request for additional Acupuncture is medically necessary.

