

<b>Case Number:</b>	CM14-0112152		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	04/24/2012
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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 & Rehabilitation and is licensed to practice in Illinois. 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 53-year-old female who reported an injury on 04/24/2012. She reportedly sustained injuries to her low back and left shoulder. The injured worker's treatment history included shoulder surgery, MRI studies, physical therapy, medications, EMG/NCV studies, and x-rays. The injured worker had an arthroscopic decompression and partial distal claviclectomy surgery on 11/22/2013. She also had acromioplasty that looked good. The injured worker was evaluated on 06/05/2014 and it was documented that the injured worker was suffering from severe left shoulder and lower back pain, left wrist, and right knee pain. Pain was rated at 6/10. Findings indicated positive MRI report, left shoulder tear, left wrist carpal tunnel syndrome per EMG/NCV, and knee pain. The injured worker undergoes physical therapy 3 times a week to work on her shoulder and acupuncture 3 times a week. The injured worker was evaluated on 07/03/2014, at which time it was documented that the injured worker was complaining about severe left shoulder pain and, with range of motion, she stated that it radiated up into the left side of her neck. She also had severe low back pain. She was not working, and she was not in therapy at that time. The provider noted she was 8 months postoperative. The provider noted she was then 8 months post left shoulder arthroscopic subacromial decompression and partial distal claviclectomy; this was her second surgery. The physical examination of the left shoulder revealed flexion was 90, abduction was 90, internal rotation was 60, and external rotation was 80 on the left. The injured worker had 0/4 pain on the right and 3/4 pain on the left. X-rays revealed excellent resection of the distal clavicle. Diagnoses included left shoulder adhesive capsulitis and status post prior arthroscopy with post traumatic arthrosis of the left acromioclavicular joint, rule out rotator cuff tear, bilateral knee possible medial meniscus tear, rule out chondromalacia patella, bilateral knee chondromalacia patella, right wrist pain resolved, left wrist pain present from sprain/strain, morbid obesity, anxiety, depression, insomnia, ankle

pain resolved, and status post left shoulder extensive arthroscopic subacromial decompression and partial distal claviclectomy. The Request for Authorization was not submitted for this review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Physical Therapy 3 x 6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** This request is not medically necessary. The California MTUS Guidelines may support up to 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The injured worker has attended an unknown number of therapy sessions to date. There were no objective indications of progressive, clinically significant improvement from prior therapy. The provider failed to indicate long term functional goals. Additionally, the request submitted failed to specify body parts to which the physical therapy treatments were to have been given. Given the above, the request for physical therapy 3 x a week for 6 weeks is not medically necessary.

#### **Acupuncture 2 x 6: 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 acupuncture 2 x per week for 6 weeks is not medically necessary. The California MTUS Guidelines recommend acupuncture 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. The recommended frequency of treatments is 1 to 3 times per week with functional improvement noted in 3 to 6 treatments. The optimum duration of treatments is 1 to 3 months. Although it was noted that this worker found acupuncture helpful, there was no documentation regarding the length of time or number of treatments she had already received. Additionally, there was no documentation of quantifiable functional improvement or decrease in pain due to the acupuncture treatments. Also, there was no documentation that she was not tolerating her pain medications. Furthermore, there were no body parts specified to which the acupuncture treatments were to have been given. Nor was the reason for the acupuncture treatments specified. Therefore, the request for acupuncture for 2 X 6 is not medically necessary.

#### **Orthopedic Consult to follow up on pain medication: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 115. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, page 163

**Decision rationale:** This request is not medically necessary. ACOEM Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. The guidelines also state that pain medications are typically not useful in the subacute and chronic phases and have been shown to be the most important factor impeding recovery of function in patients referred to pain clinics. This may reflect failure of providers to set up the expectation of improved function as a prerequisite for prescribing them. There was no clear rationale to support the consultation. The injured worker is not taking any pain medication. The injured worker is certainly in the chronic phase, so medication would not be recommended. As such, the request for an orthopedic consult to follow up on pain medication is not medically necessary.