

<b>Case Number:</b>	CM14-0130854		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	06/22/2011
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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 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:

This 44 year-old patient sustained an injury on 6/22/11 while employed by [REDACTED]. Request(s) under consideration include Physical therapy 2 times per week for 6 weeks for bilateral shoulders and upper back (total 12) and Acupuncture 3 times per week for 9 weeks (total 27). Diagnoses include Neck pain and bilateral shoulder pain. Report of 6/10/14 from the provider noted patient with ongoing chronic bilateral shoulder pain; constant neck, right wrist/hand pain; and right shoulder pain radiating to hand and arm with associated weakness and numbness. Exam of the cervical spine showed limited range of motion with left lateral rotation and side bending; tenderness in bilateral paraspinal and trapezius; shoulder with limited range of flex/abd 40/40 degrees; swelling of bilateral sternocleidomastoid area. Treatment recommended conservative management with therapy and acupuncture. Appeal letter of 7/27/14 noted reconsideration for denied PT and acupuncture sessions for patient with ongoing pain symptoms. Review indicates the patient has completed over 24 physical therapy visits. The request(s) for Physical therapy 2 times per week for 6 weeks for bilateral shoulders and upper back (total 12) was non-certified and Acupuncture 3 times per week for 9 weeks (total 27) was partially-certified for 6 sessions on 8/4/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times per week for 6 weeks for bilateral shoulders and upper back (total 12): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine. Decision based on Non-MTUS Citation ODG-TWC (Official Disability Guideline-Treatment in Worker's Compensation).

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

**Decision rationale:** Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. The employee has received more than the amount of therapy sessions recommended per the Guidelines without demonstrated evidence of functional improvement to allow for additional therapy treatments. The Physical therapy 2 times per week for 6 weeks for bilateral shoulders and upper back (total 12) is not medically necessary and appropriate.

**Acupuncture 3 times per week for 9 weeks (total 27): Upheld**

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

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

**Decision rationale:** MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. Submitted reports have not demonstrated the medical indication to support continued acupuncture. Medical reports noted unchanged pain symptoms and clinical findings despite extensive conservative care to include at least 24 Physical therapy visits and recently authorized 6 acupuncture sessions for this chronic injury of June 2011. The patient remains functionally unchanged from acupuncture treatment visits already rendered. There is no demonstrated functional improvement derived from treatment completed. The Acupuncture 3 times per week for 9 weeks (total 27) is not medically necessary and appropriate.