

<b>Case Number:</b>	CM14-0139215		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	08/25/2003
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	08/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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 41 year-old patient sustained an injury on 8/25/2003 while employed by [REDACTED]. Request(s) under consideration include Acupuncture 2x6 and PT 3X6. Diagnoses include s/p right shoulder arthroscopy on 6/5/06, 3/28/07, and 8/17/11; s/p right thumb repair of ligament on 3/28/07; and s/p left thumb MCP joint dorsal capsulodesis on 2/18/10. Report of 8/9/14 from the provider noted the patient had Botox injections 6 weeks prior and was doing better with TOS and migraines. The patient has recent 5 sessions of PT over last 2 weeks with slight flare upon resuming PT; acupuncture helped with flare and helped the patient to continue the PT. Five acupuncture sessions have been completed. Zofran has helped with the nausea. The patient was also noted to have completed 3 occupational therapy visits over the last 2-1/2 weeks with overall pain ranged from 4-9/10. Coccyx pain was made worse as the patient has been able to get out of bed; however, being in a recliner despite a coccyx pillow has increased the pain. Another provider would like to repeat radiofrequency ablation procedure for sacrococcyx area. Exam indicated slightly decreased neck range with lateral bend on right/left of 10/5 degrees; shoulder range decreased with tender and mobile coccyx. Diagnoses included bilateral TOS; tachycardia; physical deconditioning; left knee strain/ synovitis of lateral meniscus; bilateral percoralis minor syndrome; right cubital tunnel syndrome, cervical dystonia, muscle spasm/tension in neck and shoulders; left shoulder rotator cuff and biceps tendinitis with ligamentous laxity; right shoulder labral tear, left thumb injury, recurrent left wrist flexor tendinitis, left digit compensatory tendinitis, jaw pain/TMJ; low back pain with intermittent radiculopathy, complex migraines, duodenal ulcer, insomnia, s/p surgery above. The request(s) for Acupuncture 2x6 and PT 3X6 were modified for 8 additional sessions on 8/16/14 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:

### **ACUPUNCTURE 2X6:** 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:** This 41 year-old patient sustained an injury on 8/25/2003 while employed by [REDACTED]. Request(s) under consideration include ACUPUNCTURE 2X6 and PT 3X6. Diagnoses include s/p right shoulder arthroscopy on 6/5/06, 3/28/07, and 8/17/11; s/p right thumb repair of ligament on 3/28/07; and s/p left thumb MCP joint dorsal capsulodesis on 2/18/10. Report of 8/9/14 from the provider noted the patient had Botox injections 6 weeks prior and was doing better with TOS and migraines. The patient has recent 5 sessions of PT over last 2 weeks with slight flare upon resuming PT; acupuncture helped with flare and helped the patient to continue the PT. Five acupuncture sessions have been completed. Zofran has helped with the nausea. The patient was also noted to have completed 3 occupational therapy visits over the last 2-1/2 weeks with overall pain ranged from 4-9/10. Coccyx pain was made worse as the patient has been able to get out of bed; however, being in a recliner despite a coccyx pillow has increased the pain. Another provider would like to repeat radiofrequency ablation procedure for sacrococcyx area. Exam indicated slightly decreased neck range with lateral bend on right/left of 10/5 degrees; shoulder range decreased with tender and mobile coccyx. Diagnoses included bilateral TOS; tachycardia; physical deconditioning; left knee strain/ synovitis of lateral meniscus; bilateral percoralis minor syndrome; right cubital tunnel syndrome, cervical dystonia, muscle spasm/tension in neck and shoulders; left shoulder rotator cuff and biceps tendinitis with ligamentous laxity; right shoulder labral tear, left thumb injury, recurrent left wrist flexor tendinitis, left digit compensatory tendinitis, jaw pain/TMJ; low back pain with intermittent radiculopathy, complex migraines, duodenal ulcer, insomnia, s/p surgery above. The request(s) for ACUPUNCTURE 2X6 and PT 3X6 were modified for 8 additional sessions on 8/16/14. The patient had previous 5 sessions of acupuncture with recent 8 additional sessions certified. MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. Review indicated the patient has received at least 13 prior sessions of acupuncture with most recent 8 sessions for this 2003 injury; however, submitted reports have not clearly demonstrated any functional benefit or pain relief derived from prior treatment and have not demonstrated medical indication to support for additional acupuncture sessions. There are no specific objective changes in clinical findings, no report of acute flare-up or new injuries, nor is there any decrease in medication usage from conservative treatments already rendered. The ACUPUNCTURE 2X6 is not medically necessary and appropriate.

### **PT 3X6:** Upheld

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

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

**Decision rationale:** This 41 year-old patient sustained an injury on 8/25/2003 while employed by [REDACTED]. Request(s) under consideration include ACUPUNCTURE 2X6 and PT 3X6. Diagnoses include s/p right shoulder arthroscopy on 6/5/06, 3/28/07, and 8/17/11; s/p right thumb repair of ligament on 3/28/07; and s/p left thumb MCP joint dorsal capsulodesis on 2/18/10. Report of 8/9/14 from the provider noted the patient had Botox injections 6 weeks prior and was doing better with TOS and migraines. The patient has recent 5 sessions of PT over last 2 weeks with slight flare upon resuming PT; acupuncture helped with flare and helped the patient to continue the PT. Five acupuncture sessions have been completed. Zofran has helped with the nausea. The patient was also noted to have completed 3 occupational therapy visits over the last 2-1/2 weeks with overall pain ranged from 4-9/10. Coccyx pain was made worse as the patient has been able to get out of bed; however, being in a recliner despite a coccyx pillow has increased the pain. Another provider would like to repeat radiofrequency ablation procedure for sacrococcyx area. Exam indicated slightly decreased neck range with lateral bend on right/left of 10/5 degrees; shoulder range decreased with tender and mobile coccyx. Diagnoses included bilateral TOS; tachycardia; physical deconditioning; left knee strain/ synovitis of lateral meniscus; bilateral percoralis minor syndrome; right cubital tunnel syndrome, cervical dystonia, muscle spasm/tension in neck and shoulders; left shoulder rotator cuff and biceps tendinitis with ligamentous laxity; right shoulder labral tear, left thumb injury, recurrent left wrist flexor tendinitis, left digit compensatory tendinitis, jaw pain/TMJ; low back pain with intermittent radiculopathy, complex migraines, duodenal ulcer, insomnia, s/p surgery above. The request(s) for ACUPUNCTURE 2X6 and PT 3X6 were modified for 8 additional sessions on 8/16/14. The patient had previous 9 authorized PT with recent 8 additional sessions. 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. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical Therapy 3x6 is not medically necessary.