

<b>Case Number:</b>	CM14-0151830		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	01/28/2014
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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, has a subspecialty in Pain Management and is licensed to practice in Texas & Ohio. 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 64-year-old female who reported an injury on 01/28/2014 due to tripping over a floor mat; she fell forward, landing on both knees and hands. Diagnostic studies were headache, cervical sprain/strain, lumbar sprain/strain, lumbar radiculopathy, myalgia and myositis unspecified, possible left carpal tunnel syndrome, elbow/wrist sprain/strain, sprain/strain right ankle/foot, sprain/strain both knees, disorders of bursae and tendons in shoulder region unspecified, spasm of muscle, anxiety state unspecified, and unspecified sleep disorder. Past treatments were medications, physical therapy, chiropractic sessions, and acupuncture. X-rays dated 02/24/2014 of the left knee, left shoulder, and left wrist revealed no acute fracture. The alignment was normal. No significant joint disease was noted. No significant soft tissue abnormality was identified. Incidentally noted there was atherosclerosis of the aorta. X-ray of the cervical spine revealed no evidence of fracture, dislocation, or paravertebral soft tissue swelling and moderate degenerative joint disease throughout the cervical spine, including the uncovertebral joints and posterior facet. Posterior alignment remained intact. There was mild left C6-7 and a right C5-6 neural foraminal narrowing by uncovertebral joint arthritic change. EMG dated 05/22/2014 revealed prolonged left sided median nerve motor parameter with S abnormalities found in motor neuropathies. In addition, prolonged left sided median sensory parameter nerve studies also consistent with the sensory neuropathic process. Prolonged sensory median nerve studies found an early carpal tunnel syndrome. EMG of the lower extremities on 07/10/2014 revealed bilateral lower extremity pathological process or a lumbosacral radiculopathy that involved the lower lumbar nerve roots on the left and right sides. Physical examination dated 08/20/2014 revealed complaints of developing tingling and numbness of the left arm over the past week. There were also complaints of poor sleep and

concentration. There were complaints of slight increase in low back and right hip discomfort. The injured worker had a history of right hip replacement surgery done in 2004 from a separate work related injury. Examination of the right shoulder revealed tenderness to palpation of the anterior shoulder and posterior shoulder. Speed's caused pain on the right, and Yergason's caused pain. Flexion for the right shoulder was to 125 degrees, extension was to 40 degrees, adduction was to 40 degrees, abduction to 130 degrees, internal rotation was to 40 degrees, and external rotation was to 70 degrees. Examination of the left shoulder revealed that range of motion was decreased and painful. There was tenderness to palpation of the anterior shoulder and posterior shoulder. Speed's test and Yergason's caused pain. Range of motion for flexion was to 120 degrees, extension was to 40 degrees, adduction was to 20 degrees, internal rotation was to 50 degrees, and external rotation was to 70 degrees. Examination of the cervical spine revealed reflexes for the biceps were normal bilaterally. Reflexes for the triceps were normal bilaterally. Reflexes for the brachioradialis were normal bilaterally. Range of motion for the cervical spine was decreased and painful. Flexion was to 45 degrees, extension was to 30 degrees, right lateral bending was to 40 degrees, left lateral bending was to 40 degrees, right rotation was to 70 degrees, and left rotation was to 70 degrees. Treatment plan was to request authorization for acupuncture and physiotherapies and exercise instruction 2 times per week for 3 weeks. Medications were not reported. The rationale and Request for Authorization were not submitted.

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

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

**Physical Therapy 2 x 3- Bilateral Shoulder/Cervical/ Wrist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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

**Decision rationale:** The request for Physical Therapy 2 x 3- Bilateral Shoulder/Cervical/ Wrist is not medically necessary. The California Medical Treatment Utilization Schedule states that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There was a lack of documentation indicating the injured worker's prior course of physical therapy as well as the efficacy of the prior therapy. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Reasons why a home exercise program could not be continued for further gains were not reported. Therefore, this request is not medically necessary.

**Occupational Therapy 2 x 3- Bilateral Shoulders/Cervical/Wrist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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

**Decision rationale:** The request for Occupational Therapy 2 x 3- Bilateral Shoulders/Cervical/Wrist is not medically necessary. The California Medical Treatment Utilization Schedule states that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There was a lack of documentation indicating the injured worker's prior course of physical therapy as well as the efficacy of the prior therapy. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Reasons why a home exercise program could not be continued for further gains were not reported. Therefore, this request is not medically necessary.

**Acupuncture 2 x 3- Bilateral Shoulders/Cervical/Wrist:** 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 3- Bilateral Shoulders/Cervical/Wrist is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The time to produce functional improvement is 3 to 6 treatments. Acupuncture treatments may be extended if functional improvement is documented, including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. There is a lack of documentation of objective functional improvement from previous acupuncture sessions. It was not reported that the acupuncture reduced muscle spasm or promoted relaxation for the injured worker. It was not reported that the injured worker had an increase in activities of daily living or the pain reduction was reduced. The clinical information submitted for review does not provide evidence to justify Acupuncture 2 x 3- Bilateral Shoulders/Cervical/Wrist. Therefore, this request is not medically necessary.