

Case Number:	CM14-0184716		
Date Assigned:	11/12/2014	Date of Injury:	07/03/2006
Decision Date:	12/15/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/05/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 60 year old female who was injured on 7/3/2006. She was diagnosed with osteoarthritis of the shoulder, shoulder subacromial bursitis, shoulder impingement syndrome, lateral epicondylitis, and chronic pain syndrome. She was treated with medications, injections, TENS, and physical therapy (including gym and pool exercises), but continued to experience chronic pain. On 9/19/14, the worker was seen by her primary treating physician for a re-examination, complaining of chronic pain in his neck, bilateral shoulders, bilateral elbows, and bilateral wrists, but especially his shoulders. He reported numbness and tingling down both arms into his fingers. He requested ultrasound and massage for his shoulders that day. Shoulder physical findings included left long head tendon rupture deformity, tenderness to the right anterior shoulder and right upper trapezius musculature, and a positive Hawkins' test bilaterally. He was then recommended acupuncture and therapeutic massage with ultrasound as requested. He was also recommended to continue his pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture sessions x 10 (right shoulder): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Acupuncture Guidelines state acupuncture may be used as an adjunct therapy modality to physical rehabilitation or surgical intervention to hasten recovery and to reduce pain, inflammation, increase blood flow, increase range of motion, decrease the side effects of medication induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Acupuncture is allowed as a trial over 3-6 treatments and 1-3 times per week up to 1-2 months in duration with documentation of functional and pain improvement. Extension is also allowed beyond these limits if functional improvement is documented. In the case of this worker, he appeared to have exhausted other therapies and would be a good candidate for acupuncture. However, since the request was for 10 sessions, and up to 6 or so are generally recommended to trial in order to sufficiently assess for benefit, the request is not appropriate. Therefore, the 10 sessions of acupuncture are not medically necessary.

Massage Therapy with Ultrasound x 10 (right shoulder): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder section, Massage

Decision rationale: The MTUS Chronic Treatment Guidelines recommend massage therapy (up to 4-6 visits in most cases) as an adjunct to other recommended treatments such as exercise and may be helpful at attenuating diffuse musculoskeletal symptoms as well as anxiety and stress reduction. Passive treatments such as massage can lead to dependence and are not recommended for frequent sessions. Massage may be recommended for acute injuries, chronic pain (if not already trialed), and post-operatively. The ODG states that mechanical massage devices are not recommended. For shoulder impingement syndrome, the ODG also allows massage therapy to continue beyond the trial period up to a total of 10 visits over 6-8 weeks with evidence of objective functional improvement. However, shoulder massage therapy used regularly beyond even one month leads to less and less effectiveness, according to the most recent evidence. In the case of this worker, he was requested 10 sessions of massage therapy, whereas only up to 6 sessions would be appropriate in order to assess for benefit before continuing on to additional sessions. Therefore, the 10 sessions of massage therapy with ultrasound are not medically necessary.