MAXIMUS Federal Services

Case Number:	CM14-0020700		
Date Assigned:	04/30/2014	Date of Injury:	10/09/2007
Decision Date:	08/20/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/19/2014

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 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 56-year-old female with reported date of injury of 10/09/2007. The mechanism of injury was noted to be repetitive trauma. Her diagnoses were noted to include chronic right cervical, trapezius, and scapular strain with persistent myofascial pain, upper extremity repetitive stress injury, more symptomatic on the right than left, C5-6 right foraminal stenosis with possible component of right C6 radicular pain, and rotator cuff tendonitis, more symptomatic on the right. Her previous treatments were noted to include physical therapy, acupuncture, trigger point injections, and medications. The physical therapist revealed the range of motion to the cervical spine from 11/04/2013 was 52 degrees of flexion, the extension was to, left/right rotation was to 52/60 degrees, and side bending left/right was to 32/20 degrees. . The shoulder range of motion from 11/04/2013 was noted to be 148/144 left/right flexion, 154/152 left/right abduction, 51/71 left/right external rotation, and T8/T8 left/right internal rotation. The physical therapist reported on 01/06/2014 the cervical spine range of motion was to 56 degrees of flexion, 39 degrees of extension, 57/58 degrees of left/right rotation, and 25/30 degrees of left/right side bending.The range of motion examination on 01/06/2014 to the shoulder was noted to be 154/155 degrees left/right, 168/160 degrees left/right, 68/65 degrees left/right external rotation, and T4/T10 left/right internal rotation. This exam also revealed that the injured worker had strength rated 5/5 to the bilateral upper extremities.The progress note dated 05/20/2014 revealed the injured worker had continued pain in her shoulder, and her symptoms had decreased in intensity. The injured worker had tightness in her upper trapezius on the right and parascapular and left lateral latisimus dorsi symptoms. She had some lateral forearm symptoms also. The physical examination revealed right latisimus dorsi and parascapular tenderness. There was no lateral epicondylar tenderness on her left and the

neurological examination was unremarkable. The provider indicated the injured worker had continued to demonstrate symptoms in her right upper trapezial region and parascapular region with some slow improvement. The progress note dated 06/26/2014 revealed the injured worker found physical therapy helpful and had acupuncture and trigger point injections to the upper trapezius several years ago, both of which were helpful. The injured worker was working regular duties and described pain to the right side of her neck, the right scapular region, and extending anteriorly under the axilla, and the bilateral elbows. The level on the pain scale rated 3/10. The physical examination revealed the cervical range of motion right rotation was restricted by 25% with a negative Spurling's. The manual muscle strength testing and sensation to touch was intact at the upper extremities. The muscle strength reflexes graded 2/5 and symmetric at the biceps, brachioradialis, triceps. The palpation produced tenderness at the right mid cervical paraspinals and upper trapezius. The injured worker had full bilateral shoulder ranges of motion, but there were painful arcs beginning at 90 degrees of abduction and 110 degrees of forward flexion. Shoulder impingement signs were mildly positive on the right and the supraspinatus isolation was intact. The request for authorization form was not submitted within the medical records. The request was for additional physical therapy, 2 times a week for 4 weeks; however, the provider's rationale was not submitted within the medical records. The second request is for acupuncture 2 times per week for 4 weeks for pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY, 2 TIMES A WEEK FOR 4 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

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

Decision rationale: The request for additional physical therapy, 2 times a week for 4 weeks, is not medically necessary. The injured worker has previously received at least 9 out of 11 visits of physical therapy. The California Chronic Pain Medical Treatment Guidelines recommend active therapy based on the philosophy that therapeutic exercise and/or activity is 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. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The guidelines recommend 9 to 10 visits over 8 weeks for myalgia and myositis.The injured worker has received at least 9 out of 11 previous visits of physical therapy with quantifiable objective functional improvements documented. However, due to the lack of current measurable objective functional deficits and the unknown complete number of physical therapy sessions, the request for additional physical therapy is not warranted at this time. Additionally, the request failed to provide the body region for the physical therapy sessions and

the request for 8 sessions exceeds guideline recommendations. Therefore, the request is not medically necessary.

ACUPUNCTURE, 6 SESSIONS: 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 6 sessions of acupuncture is not medically necessary. The injured worker has received previous acupuncture sessions. The Acupuncture Medical Treatment Guidelines recommend acupuncture used as an option when pain medication is reduced or not tolerated, and it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The guidelines recommend the time to produce functional improvement is 3 to 6 treatments, 1 to 3 times a week, with the optimum duration being 1 to 2 months. The injured worker has received previous acupuncture treatments with good results; however, the documentation failed to provide the quantifiable objective functional improvements with previous acupuncture sessions and the number of sessions completed. Additionally, the guidelines recommend acupuncture to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Therefore, the request is not medically necessary.