

<b>Case Number:</b>	CM14-0025787		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	02/25/2011
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of February 25, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; earlier shoulder corticosteroid injection therapy; subsequent shoulder surgery on June 25, 2013; and unspecified amounts of physical therapy. In a Utilization Review Report dated January 21, 2014, the claims administrator denied a request for eight sessions of acupuncture and 12 sessions of additional physical therapy. The claims administrator invoked a variety of non-MTUS guidelines, including non-MTUS ODG guidelines and non-MTUS 2008 ACOEM guidelines, the latter of which was mislabelled as originating from the MTUS. The claims administrator also stated that the now-outdated 2007 MTUS Acupuncture Medical Treatment Guidelines was also mislabelled the same as originating from the Medical Treatment Utilization Schedule. The claims administrator stated that the applicant had completed 24 sessions of physical therapy and that additional treatment was not indicated on the grounds that the applicant had deteriorated following the same. The applicant's attorney subsequently appealed. In a handwritten progress note dated December 24, 2013, difficult to follow, not entirely legible, the applicant was described as having heightened complaints of shoulder pain, moderate-to-severe with reportedly severely restricted range of motion. Acupuncture and physical therapy were both endorsed. The applicant was placed off of work, on total temporary disability. A steroid injection was unsuccessful, it was further stipulated. The remainder of the file was surveyed. There was no evidence that the applicant had had prior acupuncture. The request for acupuncture appears to represent a first-time request for acupuncture.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **ACUPUNCTURE TWICE A WEEK FOR 4 WEEKS:** Overturned

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

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

**Decision rationale:** While this does represent acupuncture treatment in excess of the three- to six-session course deemed necessary to produce functional improvement in MTUS Acupuncture Medical Treatment Guidelines, partially certifications or conditional certifications are not permissible through the Independent Medical Review process. The request in question represents a first-time request for acupuncture. Provision of some acupuncture, thus, is preferable than provision of no acupuncture, particularly in light of the fact that the claims administrator used the now-outdated 2007 Acupuncture Medical Treatment Guidelines as the basis for its denial and in light of the fact that MTUS Acupuncture Medical Treatment Guidelines, does acknowledge that acupuncture can be employed for chronic pain purposes. For all of the stated reasons, then, the request is medically necessary.

### **ADDITIONAL PHYSICAL THERAPY TWICE A WEEK FOR 6 WEEKS:** 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 1. MTUS page 8.2. MTUS page 99, Physical Medicine topic.3. MTUS 9792.20f Page(s): 8,99.

**Decision rationale:** The applicant was outside of the six-month postsurgical physical medicine treatment period established in MTUS 9792.24.3 as of the date of the Utilization Review Report, January 21, 2014, following earlier shoulder surgery on June 25, 2013. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse a general course of 9 to 10 sessions of treatment for myalgias and myositis of various body parts, the issue reportedly present here, this recommendation is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be some demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. In this case, the applicant had had 24 prior sessions of physical therapy as of the date of the Utilization Review Report. There was, however, no demonstration of functional improvement as defined in MTUS 9792.20f which would have supported further treatment here. The applicant remains off of work. The applicant continues to report significant complaints of shoulder pain and exhibited severely limited shoulder range of motion. All of the above, taken together, implied a lack of functional improvement as defined in MTUS 9792.20f despite completion of extensive prior physical therapy. Therefore, the request is not medically necessary.

