

Case Number:	CM14-0051932		
Date Assigned:	07/07/2014	Date of Injury:	05/04/2009
Decision Date:	08/12/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/18/2014

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:

The injured worker is a 59-year-old female who reported an unknown injury on 05/04/2009. On 02/19/2014, she reported pain in her neck, upper back, and both shoulders. There was a note on that date stating that she had had an allergic reaction to a cervical epidural steroid injection done on 02/10/2014. Her diagnoses included cervical spine disc rupture, thoracic spine disc bulges, failed right shoulder surgery, and left shoulder strain. On 06/26/2014, her medications included Flexeril 7.5 mg, Lyrica 25 mg, and Lidoderm patches. On 06/13/2014, she underwent extracorporeal shockwave therapy to the left shoulder. There was no documentation of past therapies or past diagnostic studies. There was no Request for Authorization nor any rationale included in the submitted documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six sessions physical therapy for the bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, shoulder procedure summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, Physical Medicine Page(s): 98-99.

Decision rationale: The California MTUS recommends passive therapy which can provide short-term relief during the early phases of pain treatment and is directed at controlling symptoms such as pain, inflammation, and swelling, and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain, and inflammation during the rehabilitation process. Active therapies are therapeutic exercises and/or activities which 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. This form of therapy may require supervision for a therapist or medical provider such as verbal, visual, and/or tactile instructions. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In this case, there was no documentation submitted of this injured worker ever having participated in previous courses of physical therapy or the outcomes thereof or any quantifiable evidence of continued deficits or functional limitations. Therefore, the request for 6 sessions of physical therapy for the bilateral shoulders is not medically necessary and appropriate.

Six sessions acupuncture to the bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, shoulder procedure summary.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Guidelines recommend that acupuncture is an option when pain medication is reduced or not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The recommended frequency of treatments is 1 to 3 times per week with functional improvement noted in 3 to 6 treatments. The optimum duration of treatments is 1 to 3 months. In this case, there is insufficient documentation submitted to determine whether this request is an initial request for acupuncture treatments or a continuation of previous treatments. There was no documentation submitted of pain medication being reduced or not being tolerated. There was no documentation of ongoing physical rehabilitation or recent or anticipated surgical intervention. There was no quantified documentation of functional deficits or limitations that would specifically be aided by acupuncture treatments. Therefore, the request for 6 sessions of acupuncture to the bilateral shoulders is not medically necessary and appropriate.

Saunders pneumatic traction - cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, neck and upper back procedure summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), neck and upper back, traction.

Decision rationale: The California MTUS/ACOEM Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. These palliative tools may be used on a trial basis, but should be monitored closely. Emphasis should focus on functional restoration and return patients to activities of normal daily living. The Official Disability Guidelines (ODG) recommends home cervical patient-controlled traction units for patients with radicular symptoms, in conjunction with a home exercise program. Several studies have demonstrated that home cervical traction can provide symptomatic relief in over 80% of patients with mild to moderately severe (Grade 3) cervical spinal syndrome with radiculopathy. In this case, there was no documentation submitted that this injured worker was participating in a home exercise program. Additionally, there were no diagnostic studies indicating that this worker had radiculopathy. Additionally, the request did not specify whether this was a rental or a purchased item. Therefore, the request for Saunders pneumatic traction - cervical spine is not medically necessary and appropriate.