

Case Number:	CM14-0057243		
Date Assigned:	07/09/2014	Date of Injury:	03/28/2012
Decision Date:	09/11/2014	UR Denial Date:	04/13/2014
Priority:	Standard	Application Received:	04/28/2014

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:

Patient is a 59 year-old male with a cumulative trauma injury with dates 1973-2013. The medical document associated with the request for authorization, a primary treating physician's progress report dated 03/28/2014, lists subjective complaints as pain in the neck, right shoulder, right elbow, low back and left knee. Objective findings: Examination of the cervical spine revealed tenderness to palpation over the anterior aspect of the shoulder and over the bilateral upper trapezius. Range of motion was limited and painful. Right shoulder: tenderness to palpation over the subacromial region with painful and limited range of motion. Right elbow: tenderness to palpation over the medial epicondyle. Lumbar spine: tenderness to palpation over the midline and limited, painful range of motion. Left knee: tenderness to palpation over the medial joint line. Diagnosis: 1. Cervical spine spondylosis; 2. Cervical spine strain/sprain; 3. Right shoulder strain/sprain; 4. Right shoulder adhesive capsulitis; 5. Right shoulder impingement; 6. Right shoulder post arthroscopic chondroplasty; 7. Right elbow compressive neuropathy; 8. Lumbar spondylosis; 9. Lumbar strain/sprain; 10. Left knee strain/sprain; 11. Hypertension. The patient is status post right shoulder surgery on 08/03/2012 and a right shoulder manipulation under anesthesia in June of 2013. MRI of the right shoulder was positive for degenerative changes in the superior labrum findings consistent with glenoid humeral joint arthritis. It was noted that the patient had attended "some" acupuncture to date, but no specifics were given. The patient is also attended extensive physical therapy and chiropractic since the injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1 time per week for 6 weeks 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 Acupuncture Medical Treatment Guidelines allow acupuncture treatments to be extended if functional improvement is documented as defined in Section 9792.20(f). There is no documentation in the medical record that the patient has had functional improvement with the trial of visits of acupuncture previously authorized.

Physical Therapy 2 times per week for 6 weeks lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

Decision rationale: Therapeutic physical therapy for the low back is recommended as an option with authorization for a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, prior to authorizing more treatments with a total of up to 18 visits over 6-8 weeks. The patient has had extensive physical therapy since the time of his injury; far more than 18 visits. There is no documentation of objective functional improvement.

Physical Therapy 2 times per week for 6 weeks left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state 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. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There is documentation of only minimal functional improvement. In addition, California Labor Code Section 4604.5(c) (1) states that an employee shall be entitled to no more than 24 chiropractic, 24 occupational therapy, and 24 physical therapy visits per industrial injury. The medical record indicates that the patient has previously undergone greater than 24 sessions of physical therapy. During the previous physical therapy sessions, the patient should have been taught exercises which are to be continued at home as directed by MTUS.

Consult for right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, Independent Medical Examinations and Consultations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, Page 132.

Decision rationale: According to the MTUS, a referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, workability, clinical management, and treatment options. The medical record lacks sufficient documentation and does not support a referral request.