

Case Number:	CM14-0058788		
Date Assigned:	07/09/2014	Date of Injury:	08/01/2012
Decision Date:	08/12/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/29/2014

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:

This 40 year-old patient sustained an injury on 8/1/12 while employed by [REDACTED]. Request under consideration include Additional six physical therapy sessions for right shoulder & right elbow and additional six(6) acupuncture visits for right shoulder & right elbow. Diagnoses include Shoulder Derangement unspecified; Cervical intervertebral disc displacement without myelopathy; Carpal tunnel syndrome; and Elbow lateral epicondylitis. The patient is s/p right shoulder rotator cuff repair and right elbow lateral epicondylectomy with post-operative physical therapy x 29 visits completed since September 2013. The patient has also received 5 sessions of acupuncture. Report of 3/17/14 from the chiropractic provider noted the patient with post-operative right elbow and right shoulder pain. Right shoulder pain radiates into the right arm/hand with numbness and tingling; right elbow has spasm. Exam showed decreased range in all plants of the shoulder and elbow; positive Apley and supraspinatus tests; elbow muscle strength of 5/5; shoulder motor strength of 4/5. Diagnoses included internal derangement of shoulder and lateral epicondylitis. QME (Qualified Medical Examination) had noted 9-12 months from surgery to be considered permanent and stationary. The request for Additional physical therapy x6, right shoulder & right elbow and Additional acupuncture x6, right shoulder & right elbow were non-certified on 4/15/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional six (6) physical therapy sessions for right shoulder & right elbow: 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 Post-Surgical Treatment Guidelines, Elbow & Upper Arm Page(s): 7.

Decision rationale: The Chronic Pain Guidelines allow for physical therapy with fading of treatment to an independent self-directed home program. The employee has received at least 29 authorized PT visits for the arthroscopic repair without demonstrated evidence of functional improvement to allow for additional therapy treatments. Chronic Pain Guidelines, post-operative therapy allow for 24 visits over 14 weeks for shoulder arthroscopy with postsurgical physical medicine treatment period of 6 months. Submitted reports have not adequately demonstrated the indication to support further physical therapy beyond the guidelines criteria. Therefore, the request for additional six (6) physical therapy sessions for right shoulder & right elbow is not medically necessary and appropriate.

Additional six (6) acupuncture visits for right shoulder & right elbow.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 555-556.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Current clinical exam show no ADL (Activity of Daily Living) impairments or clear dermatomal/myotomal neurological deficits to support for treatment with acupuncture. The patient has completed therapy without functional improvement. There are no clear specific documented goals or objective measures to identify for improvement with a functional restoration approach for this 2012 injury with ongoing chronic pain complaints. MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. The patient has received at least 5 acupuncture sessions for this chronic injury without any functional benefit documented or derived from treatment. Submitted reports have not demonstrated functional improvement or medical indication to support for acupuncture sessions. There are no specific objective changes in clinical findings, no report of acute flare-up or new injuries, nor is there any decrease in medication usage from conservative treatments already rendered. Therefore, the request for Additional six (6) acupuncture visits for right shoulder & right elbow is not medically necessary and appropriate.