

Case Number:	CM14-0063380		
Date Assigned:	07/11/2014	Date of Injury:	10/05/2010
Decision Date:	08/08/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	05/06/2014

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 Orthopedic Surgery 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 patient is a 47-year-old male sustained an industrial injury on 10/5/10. Injury to the left shoulder occurred pulling plastic material from a compressor. The patient underwent left shoulder arthroscopic subacromial decompression, debridement, lysis of adhesions, bursectomy, and acromioplasty on 9/23/13. The patient completed 24 post-op visits as of 3/7/14. The 3/7/14 physical therapy progress report cited pain reduction from grade 10/10 to 8/10. The patient had intense pain with behind back and overhead reaching. Left shoulder range of motion testing documented flexion 109 (was 88), abduction 100 (was 77), external rotation 44 (was 25), and internal rotation 67 (was 50). Strength testing demonstrated no change since the last report. The therapist stated that the patient had improving mobility of the left shoulder, but active range of motion deficits persisted secondary to high levels of irritability during movement. Pain was attributed to median nerve impingement by the pectoralis minor and abnormal scapulohumeral rhythm. Treatment goals had been met but for ability to drive 15 minutes without left upper extremity pain. The 3/22/14 treating physician report cited persistent left elbow and shoulder pain with tenderness and decreased elbow and shoulder range of motion. Continued physical therapy was recommended. Records suggest that manipulation under anesthesia was being contemplated. The 4/7/04 utilization review modified the request for 12 sessions of acupuncture to 6 visits consistent with guideline recommendations for an initial trial. The request for 12 additional physical therapy visits was denied as there is no clear indication that additional therapy would result in functional benefit beyond a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment twice a week for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS acupuncture guidelines indicate that acupuncture may be 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. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Guidelines state that 3 to 6 treatments allow time to produce functional improvement. Acupuncture treatments may be extended if functional improvement is documented as defined in the guidelines. Guideline criteria have been met. In this case, the patient presents with pain and limited range of motion despite a full course of post-op physical therapy. The use of acupuncture as an adjunct to a home rehab program is consistent with guidelines. The 4/7/14 utilization review modified the request for 12 initial acupuncture sessions to 6 sessions consistent with guidelines. There is no compelling reason to support the medical necessity beyond the initial 6-visit trial to assess whether functional benefit can be achieved. Therefore, the request for acupuncture treatment, twice a week for six weeks is not medically necessary and appropriate.

Physical Therapy for the left shoulder for 2x week x 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines do not apply to this case as the 6-month post-surgical treatment period had expired. MTUS Chronic Pain Medical Treatment Guidelines would apply. Guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. Guideline criteria have not been met. In this case, the patient completed a full course of post-operative physical therapy for the right shoulder with significant residual pain and limited range of motion. The therapist indicated that range of motion deficits persistent secondary to pain attributed to median nerve impingement by the pectoralis minor and abnormal scapulohumeral rhythm. There has been no change in strength over the last 12 visits and mild improvement in range of motion. Records suggest that manipulation under anesthesia is under consideration. There is no compelling reason to support the medical necessity of continued supervised physical therapy over an independent home rehab program at this time. Therefore, the request for physical therapy for the left shoulder twice a week for six weeks is not medically necessary and appropriate.

