

Case Number:	CM14-0067455		
Date Assigned:	07/11/2014	Date of Injury:	01/15/2013
Decision Date:	09/19/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/12/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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 53 year old female who sustained an injury to her left shoulder on 01/15/13 while performing her usual and customary duties assisting an oral surgeon. The injured worker took over the counter medications for her symptoms that would come and go, in terms of frequency. In late July of 2013, the injured worker was experiencing a significant amount of pain to her left arm and was referred to an industrial clinic. On 02/25/14, the treating physician recommended a left shoulder arthroscopy, subacromial decompression, and possible rotator cuff repair; however, the surgical procedure was recommended non-certified on 03/07/14. The clinical note dated 04/14/14 reported that the injured worker continued to complain of left shoulder and neck pain. Physical examination noted tenderness to palpation over the left trapezius and levator, pain with flexion, extension, and lateral bending; left shoulder tenderness to palpation over the lateral/anterior aspects and positive Neer's/Hawkins' testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy sessions for left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, Chronic Pain Treatment Guidelines Manual Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder chapter, Physical therapy.

Decision rationale: The documentation revealed that the injured worker last underwent physical therapy in August of 2013. At that time, it appeared that therapy was providing some relief for a short period of time. Given the injured worker's shoulder symptoms, attempting physical therapy at this time, prior to surgical consideration appeared warranted. After reviewing the submitted clinical documentation, there was no additional significant objective clinical information provided that would support reversing the previous adverse determination. Given this, the request for 12 physical therapy visits for the left shoulder is not indicated as medically necessary.

6 Acupuncture sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines, Acupuncture Guidelines, Shoulder (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California Medical Treatment Utilization Schedule (CAMTUS) recommends an initial trial of 3-6 treatments to produce effect. With documentation of functional improvement, acupuncture therapy may be extended. There was no additional significant information provided for review that would indicate the injured worker's response to the previously certified acupuncture therapy visits. There was no indication that the injured worker was actively participating in a home exercise program. The CAMTUS also states that acupuncture is used as 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. Given that there was no information provided that would indicate the injured worker was concurrently undergoing additional conservative treatment, the request for 6 acupuncture visits was not indicated as medically necessary.