MAXIMUS Federal Services

Case Number:	CM14-0123191		
Date Assigned:	08/08/2014	Date of Injury:	04/26/2012
Decision Date:	04/14/2015	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/05/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

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 55 year old male with an industrial injury dated 04/12/2004 and 04/26/2012. The mechanism of injury is documented as occurring when he lifted up a four-inch rigid pipe approximately 10 feet in length when he noted a sharp pain in his left shoulder. He presented for follow up on 06/10/2014 complaining of severe pain on top of the left shoulder and low back pain. According to notes, the back injury occurred on 04/26/2012. Medical history includes type 2 diabetes, hypertension, cardiac arrhythmia and a defibrillator placement. Range of motion was decreased in left shoulder. Pain and spasm were noted of the paralumbar musculature. Prior treatments included left shoulder surgery times 3, physical therapy, diagnostics, median branch blocks, ablation rhizotomy times 2 and medications. Left shoulder x-rays, CT scan of lumbar spine and EMG/Nerve conduction studies are documented in the 06/10/2014 report. Diagnoses included left shoulder sprain/strain and lumbar spine sprain/strain, radiculopathy. On 07/16/2014 utilization review non-certified, the request for eight visits of physical therapy two times a week for four weeks. MTUS and ODG were cited. The request for eight visits of acupuncture therapy two times a week for four weeks was modified for a total of six visits of acupuncture. MTUS and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Physical therapy visits, 2 x a week x 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, low back chapter.

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

Decision rationale: According to the attached medical record it is unclear the injured employee has previously participated in physical therapy for the left shoulder and lumbar spine. However, considering the stated date of injury in 2004, previous participation in physical therapy is extremely likely and it is anticipated that there should be a home exercise program in place at this point. As such, this request for additional formal physical therapy is not medically necessary.

8 visits of acupuncture therapy, 2 x week for 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, low back chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Page(s): 13.

Decision rationale: The California MTUS guidelines support acupuncture as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation to hasten functional recovery. When noting the injured employee's diagnosis, date of injury, clinical presentation, and the lack of documentation of conservative treatments or an on-going physical rehabilitation program, there is insufficient clinical data provided to support additional acupuncture; therefore, this request is not considered medically necessary.