

<b>Case Number:</b>	CM14-0191516		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	07/16/2013
<b>Decision Date:</b>	01/29/2015	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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:

The injured worker is a 57-year-old male, with a reported date of injury of 07/16/2013. The result of injury included immediate pain to the right shoulder and sleep disturbances. The current diagnoses include sub-acute traumatic moderate right shoulder sprain/strain; status post arthroscopic surgery to the right shoulder on 01/15/2014; anxiety/depression/stress with associated irritability; nightly sleep disturbances. Treatment included ibuprofen; acupuncture; chiropractic care; nerve conduction study, which showed bilateral carpal tunnel syndrome and moderate bilateral cubital tunnel syndrome; an electromyography, with normal findings; physiotherapy sessions; an MRI of the right shoulder, which showed a possible partial tear and a small amount of fluid in the sub-coracoid bursa; and injections times two (2). The MRI report was not provided in the medical records. The acupuncture evaluation report dated 07/18/2014 indicated that acupuncture would be beneficial to the injured worker due to the sedative, analgesic, anti-inflammatory, and muscle relaxing effects, it would aid in the mobilization of the affected joints, and it would also minimize adhesions and scar tissue formation in the affected joints and surrounding tissues. The chiropractic report dated 09/29/2014 indicated that the injured worker complained of right shoulder pain, and rated the pain a 3 out of 10. A physical examination of the right shoulder showed slight-moderate spasticity; slight-moderate tenderness on palpation; decreased range of motion by 20%; a positive Yergason's test; a positive Apley's Scratch test; and pain and discomfort with flexion and extension. The orthopedic report dated 09/30/2014 indicated that the injured worker had been attending acupuncture and massage therapies with improvement. He denied taking pain and anti-inflammatory medication, and was working with modified duties. On 10/20/2014, Utilization Review (UR) denied the request for physical therapy eight (8) times a week for two (2) weeks for the right shoulder; acupuncture eight (8) times a week for two (2) weeks for the right shoulder; chiropractic eight (8) times a

week for two (2) weeks for the right shoulder; MRI of the right shoulder; and sleep consultation. The UR physician cited the MTUS Guidelines, and noted that there was a lack of functional improvement, there was no evidence of the consideration or contemplation of further shoulder surgery, and that a sleep specialty consultation would not benefit in establishing the presence or absence of depression-induced insomnia. The underlying date of injury in this case is 07/16/2013. The date of the utilization review under appeal is 10/20/2014. On 09/30/2014, the patient was seen in orthopedic followup. The patient was noted to be 7 months status post a right shoulder arthroscopy with debridement, subacromial decompression, chondroplasty, and mini-open long head biceps tenodesis. The patient was noted to have been attending acupuncture and massage therapies with improvement. The patient presented at this time with intermittent pain at the posterior and anterior aspects with swelling, popping, and catching and limited range of motion, weakness, and occasional tingling to the radial aspect of the right shoulder. The patient was felt to have significant right shoulder pain and weakness. The patient was instructed to continue acupuncture and massage therapy and home exercises and to follow up at 6 weeks for reevaluation.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Physical Therapy for the Right Shoulder for 16 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98.

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on physical medicine recommends transition to independent home rehabilitation. This patient would be anticipated to have previously transitioned to an independent home rehabilitation program. The medical records do not provide a rationale as to why this patient would instead require additional supervised, rather than independent, home rehabilitation. This request is not medically necessary.

#### **Chiropractic Therapy for the Right Shoulder for 16 sessions: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on manual therapy and manipulation, page 58, states that elective/maintenance care is not medically necessary. The medical records do not provide an

alternate rationale to support an indication for maintenance chiropractic treatment. This request is not medically necessary.

**MRI for the Right Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

**Decision rationale:** ACOEM guidelines, Chapter 9, shoulder, page 209, states that relying on imaging studies to evaluate the source of shoulder symptoms carries a significant risk of diagnostic confusion. The medical records do not discuss a specific differential diagnosis for which an MRI of the shoulder has been requested. The office notes in this case state that an updated MRI of the shoulder has been requested due to persistent pain and limited range of motion. However, again there is no indication of a specific differential diagnosis to be considered in this repeat MRI. Overall, the medical records do not provide an indication for this study. This request is not medically necessary.

**Sleep Consultation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Sleep Medicine (AASM), Polysomnography and Schutte-Rodin S; Broch I; Dorsey C; Sateia M, Clinical Guideline for the Evaluation and Management of Chronic Insomnia in Adults. J Clin. Sleep Med. 2008; 4(5):487-504.

**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, Consultation, page 127.

**Decision rationale:** ACOEM guidelines, Chapter 7, consultation, page 127, recommends consultation with other specialists if the course of care may benefit from additional expertise. Initial physician review stated that the medical records and guidelines do not support an indication for a sleep study. However, this request is not for a polysomnogram or sleep study but, rather, for a sleep consultation. The medical records as of 09/29/2014 very specifically indicate that this patient has reported nightly sleep disturbance. A consultation with a sleep physician is supported in this situation. This request is medically necessary.

**Acupuncture 8x2 for the 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 California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on acupuncture 24.1 states that acupuncture treatment may be extended if functional improvement is documented as per section 92.20. The records do not document such functional improvement with past acupuncture. The records do not support the request for additional acupuncture. This request is not medically necessary. The same acupuncture guidelines recommend only 6 initial acupuncture visits. The current request for 16 visits of acupuncture substantially exceeds the treatment guidelines, either for initial or for subsequent acupuncture treatment. For this additional reason, this request is not medically necessary.