MAXIMUS Federal Services

Case Number:	CM14-0197310		
Date Assigned:	12/05/2014	Date of Injury:	05/11/2013
Decision Date:	01/23/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/24/2014

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 Preventive Medicine, has a subspecialty in Occupational 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 34-year-old female who had been nursing an injured from a slip and fall incident on 07/27/2011 when she injured herself again at work on 05/11/2013. She reported to her doctor on 09/26/2014 complaining of severe pain with increased muscle spasms to the shoulder and neck. Physical examination revealed normal range of motion of the cervical spine, negative spurling's sign; tenderness to touch at the right acromium, trapezius and medial scapular region; positive Hawkins/Neer impingement signs, slight limitation in the range of motion of the right shoulder. Magnetic resonance imaging of the right shoulder from 05/06/2014 was remarkable for mild tendinosis, labral tearing anterosuperiorly with minimal degenerative changes of the glenohumeral joint, and a possible remote Hills-Sachs lesion that was noted to be unchanged. She has been diagnosed of status post right shoulder arthroscopy with persistent labral fraying and pain in the shoulder, and cervical spine degenerative disc disease. Magnetic resonance imaging of the cervical spine dated 05/02/2014 revealed foraminal narrowing at C4-C5 secondary to a left paracentral posterior disc bulge, mild disc height reduction with posterior bulge at C5-C6 and C6-C7 with no significant narrowing. Electromyography and nerve conduction study dated 2012 was unremarkable. Prior treatments include acupuncture, physical therapy, six massage therapy visits, right shoulder arthroscopy, chiropractic care, steroid injections to the shoulder, Ultram and Tylenol. The medical record of 09/26/2014 noted the injured worker's pain to be worse after three acupuncture treatments. However, the acupuncture note of 10/16/2014 noted the injured worker reported an improvement after six acupuncture visits: the pain decreased from 9/10 to 3/10, and she was able to move the shoulder from 90 digress to 140 degrees with active abduction. The utilization review report indicates the injured worker was recommended a total of 12 acupuncture visits, and 12 chiropractic visits. The

worker has transitioned from modified duty on 09/26/2014 to regular duty on 10/27/2014. At dispute are the requests for Massage therapy, six sessions, and Acupuncture, six sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy, six sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

Decision rationale: The injured worker sustained a work related injury on 05/11/2013. The medical records provided indicate the diagnosis of status post right shoulder arthroscopy with persistent labral fraying and pain in the shoulder, and cervical spine degenerative disc disease, facet arthropathy of the lumbar spine, cervical spine radiculopathy, cervical spine DDD, History of lumbar radiculopathy DDD, Cervical lumbar spondylosis, myofascial pain syndrome. Treatments have included acupuncture, physical therapy; six massage therapy visits, right shoulder arthroscopy, chiropractic care 12 sessions, steroid injections to the shoulder, Ultram and Tylenol. The medical records provided for review do indicate a medical necessity for Massage therapy, six sessions. The MTUS recommends massage therapy as an adjunct to other forms of treatment like exercise; and when indicated, a limit of 4-6 sessions. The medical records indicate the injured worker has had 6 visits; therefore, the request for six additional visits is not medically necessary and appropriate.

Acupuncture, six sessions: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The injured worker sustained a work related injury on 05/11/2013. The medical records provided indicate the diagnosis of status post right shoulder arthroscopy with persistent labral fraying and pain in the shoulder, and cervical spine degenerative disc disease, facet arthropathy of the lumbar spine, cervical spine radiculopathy, cervical spine DDD, History of lumbar radiculopathy DDD, Cervical lumbar spondylosis, myofascial pain syndrome. Treatments have included acupuncture, physical therapy; six massage therapy visits, right shoulder arthroscopy, chiropractic care 12 sessions, steroid injections to the shoulder, Ultram and Tylenol. The medical records provided for review do indicate a medical necessity for Acupuncture, six sessions. The records indicate the injured worker has a history of gastric bypass surgery for which she is unable to tolerate certain medications; she was referred to pain management as a result of this, but this was denied. The records indicate the acupuncture reduces her pain from 9/10 to 3/10, and she has transitioned from modified duty to regular duty. The

MTUS recommends the use of acupuncture in cases where the patient is either not tolerating the medications or while reducing the use of medications, or as an adjunct to physical therapy or surgery. Also, the MTUS recommends that acupuncture treatment could be extended if there is functional improvement (defined by the MTUS as, "either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment ". Therefore, the requested treatment is medically necessary and appropriate, since the injured worker is intolerant of the certain medications and she has returned to regular duty.