MAXIMUS Federal Services

Case Number:	CM14-0198248		
Date Assigned:	12/08/2014	Date of Injury:	12/23/2004
Decision Date:	01/22/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/25/2014

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 Family Practice 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:

This is a 48 year old female patient who sustained a work related injury on 12/23/2004Patient sustained the injury due to the performance of her job tasks reported as driving a bus with no power steering.The current diagnoses include right shoulder rotator cuff tear, adhesive capsulitis of the right shoulder.Per the doctor's note dated 11/4/14, patient has complaints of right upper back pain and discomfort and right shoulder pain and discomfort; weakness in right shoulder and tingling to right 4-5th finger area.Physical examination of the right shoulder and cervical region revealed no tenderness on palpation, normal ROM, no swelling, normal strength and no spasm. The current medication lists includes naproxen.She had a normal EMG/NCV; MRI arthrogram dated 29 July 2014 documented a small re-tear at the supraspinatus and X-ray of the right shoulder with normal findings.The patient underwent surgical intervention to the right shoulder with an SAD and mini-open RCR on 11/21/2013.She had received a steroid injection in the right shoulder.The patient has received 30 post op PT visits for this injury.She had received an unspecified number of the acupuncture visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

six (6) sessions of postoperative physical therapy directed to the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203-204. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy98.

Decision rationale: The guidelines cited below state, " allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine" The patient has received 30 post op PT visits for this injury.Previous conservative therapy notes were not specified in the records provided.The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria.The records submitted contain no accompanying current PT evaluation for this patient.There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Previous PT visits notes were not specified in the records provided. Physical examination of the right shoulder and cervical region revealed no tenderness on palpation, normal ROM, no swelling, normal strength and no spasm Any significant functional deficits of the right shoulder that would require additional PT visits was not specified in the records provided. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels."A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided.The medical necessity of the request for six (6) sessions of postoperative physical therapy directed to the right shoulder is not fully established for this patient.

six (6) sessions of acupuncture directed to the postoperative right shoulder and upper back: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per the CA MTUS Acupuncture medical treatment guidelines cited below state 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."The medical records provided did not specify a plan to reduce pain medications, or any intolerance to pain medications that patient is taking currently. CA MTUS Acupuncture guidelines recommend up to 3 to 6 treatments over 1 to 2 months for chronic pain.Patient has received an unspecified number of acupuncture visits for this injury. The requested additional visits in addition to the previously certified acupuncture sessions are more than the recommended by the cited criteria.The prior acupuncture therapy visit notes were not specified in the records provided.There was no evidence of significant ongoing progressive functional improvement from the previous acupuncture visits that was documented in the records provided.Physical examination of the right shoulder and cervical region revealed no tenderness on palpation, normal ROM, no swelling, normal strength and no spasm Any significant functional deficits of the right shoulder and upper back that would require additional acupuncture visits was not specified in the records provided. Patient has received 30 post op PT visits for this

injury. Response to any prior rehabilitation therapy including PT/acupuncture/pharmacotherapy since the date of injury was not specified in the records provided. The records submitted contain no accompanying current PT/acupuncture evaluation for this patient. Prior conservative therapy visit notes were not specified in the records provided. Any evidence of diminished effectiveness of medications was not specified in the records provided. The medical necessity, of six (6) sessions of acupuncture directed to the postoperative right shoulder and upper back is not fully established.

MRI of the cervical/thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation ACOEM GUidelines 2nd edition back pain chapter, page 52, Official Disability Guidelines, Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back (updated 11/18/14) Magnetic resonance imaging (MRI)

Decision rationale: Per the ACOEM chapter 8 guidelines cited below "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out."Per the ACOEM chapter 8 guidelines cited below recommend "MRI or CT to evaluate red-flag diagnoses as above, MRI or CT to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. If no improvement after 1 month bone scans if tumor or infection possible, not recommended: Imaging before 4 to 6 weeks in absence of red flags."Patient does not have any severe or progressive neurological deficits that are specified in the records provided.The findings suggestive of tumor, infection, fracture, neuro compression, or other red flags were not specified in the records provided.Physical examination of the right shoulder and cervical region revealed no tenderness on palpation, normal ROM, no swelling, normal strength and no spasm Any significant functional deficits of the cervical region and upper back that would require additional MRI study was not specified in the records provided. She had a normal EMG/NCV; Previous PT notes were not specified in the records provided.The records submitted contain no accompanying current PT evaluation for this patient.A recent cervical spine X-ray report is not specified in the records provided. A plan for an invasive procedure of the cervical spine was not specified in the records provided.The request for MRI of the cervical/thoracic spine is not fully established for this patient.