

Case Number:	CM14-0205175		
Date Assigned:	12/17/2014	Date of Injury:	04/10/2007
Decision Date:	02/17/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/08/2014

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 Internal Medicine and is licensed to practice in District of Columbia. 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 47 year old patient who sustained injury on Apr 10 2007. She had issues with right shoulder pain . She was diagnosed with cervical discopathy, bilateral shoulder overuse tendinitis, right shoulder impingement syndrome, left carpal tunnel syndrome, teres minor syndrome in the right upper extremity and plantar arch partial tear with plantar fasciitis. She underwent right carpal tunnel release and right shoulder rotator cuff repair. She was then referred to physical and acupuncture therapy for ongoing care of her cervical spine and left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x a week for 4 weeks to Cervical and Left Shoulder: 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 Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Physical Therapy guidelines

Decision rationale: Per MTUS and ODG guidelines, the number of visits exceeds the number which is recommended. The request is not medically necessary. Physical Medicine

Guidelines Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2). 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2):24 visits over 16 weeks. Per ODG, Rotator cuff syndrome/Impingement Syndrome: Medical Treatment: 10 visits over 8 weeks.

Acupuncture 2 x a week for 3 weeks to cervical and left shoulder only: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints,Chronic Pain Treatment Guidelines Page(s): 4,8-10.

Decision rationale: Acupuncture Medical Treatment Guidelines:(a) As used in this section, the following definitions apply:(1) "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. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm.(2) "Acupuncture with electrical stimulation" is the use of electrical current (microamperage or milli-amperage) on the needles at the acupuncture site. It is used to increase effectiveness of the needles by continuous stimulation of the acupoint. Physiological effects (depending on location and settings) can include endorphin release for pain relief, reduction of inflammation, increased blood circulation, analgesia through interruption of pain stimulus, and muscle relaxation. It is indicated to treat chronic pain conditions, radiating pain along a nerve pathway, muscle spasm, inflammation, scar tissue pain, and pain located in multiple sites.(3) "Chronic pain for purposes of acupuncture" means chronic pain as defined in section 9792.20(c).(b) Application(1) These guidelines apply to acupuncture or acupuncture with electrical stimulation when referenced in the clinical topic medical treatment guidelines in the series of sections commencing with 9792.23.1 et seq., or in the chronic pain medical treatment guidelines contained in section 9792.24.2.(c) Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows:(1) Time to produce functional improvement: 3 to 6 treatments.(2) Frequency: 1 to 3 times per week.(3) Optimum duration: 1 to 2 months.(d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e).(e) It is beyond the scope of the Acupuncture Medical Treatment Guidelines to state the precautions, limitations, contraindications or adverse events resulting from acupuncture or acupuncture with electrical stimulations. These decisions are left up to the acupuncturist. (a) The Chronic Pain Medical Treatment Guidelines (May, 2009), consisting of two parts, are adopted and incorporated by reference into the MTUS. Part 1 is entitled Introduction. Part 2 is entitled Pain Interventions and Treatments. These guidelines replace Chapter 6 of the ACOEM Practice Guidelines, 2nd Edition (2004). Where the clinical topic sections of the MTUS in the series of sections commencing with 9792.23.1 et seq., make reference to Chapter 6 or when there is a reference to the "pain chapter," or "pain assessment," the chronic pain medical treatment

guidelines will apply instead of Chapter 6. A copy of the chronic pain medical treatment guidelines may be obtained from the Medical Unit, Division of Workers' Compensation, P.O. Box 71010, Oakland, CA 94612-1486, or from the DWC web site at <http://www.dwc.ca.gov>. (b) The chronic pain medical treatment guidelines apply when the patient has chronic pain as determined by following the clinical topics. (c) When a patient is diagnosed with chronic pain and the treatment for the condition is covered in the clinical topics sections but is not addressed in the chronic pain medical treatment guidelines, the clinical topics section applies to that treatment. (d) When the treatment is addressed in both the chronic pain medical treatment guidelines and the specific guideline found in the clinical topics section of the MTUS, the chronic pain medical treatment guideline shall apply. (e) Appendix D-- Chronic Pain Medical Treatment Guidelines--Division of Workers' Compensation and Official Disability Guidelines References (May, 2009)--is incorporated by reference into the MTUS as supplemental part of the Chronic Pain Medical Treatment Guidelines. A copy of Appendix D may be obtained from the Medical Unit, Division of Workers' Compensation, P.O. Box 71010, Oakland, CA 94612-1486, or from the DWC web site at <http://www.dwc.ca.gov>. Some small studies have supported using acupuncture, but referral is dependent on the availability of experienced providers with consistently good outcomes.

