

<b>Case Number:</b>	CM15-0005559		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	11/04/2013
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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  
 Certification(s)/Specialty: Emergency Medicine

### 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 65 year old female, who sustained an industrial injury on 11/4/13. On 1/12/15, the injured worker submitted an application for IMR for review of PT and acupuncture 2x4. The treating physician has reported the injured worker sustained cumulative trauma to the left shoulder. The diagnoses have included 840.9 (sprain & strain unspecified site shoulder and upper arm). Treatment to date has included 18 physical therapy and 18 acupuncture sessions along with diagnostics documented as multiple x-rays, left shoulder MRI's and an EMG study, and no surgical intervention. Currently, the IW complains of neck, bilateral shoulder and bilateral upper extremity pain and back pain. On 12/22/14 Utilization Review non-certified PT and acupuncture 2x4, noting the MTUS Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro review for physical therapy and acupuncture:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): page 212, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Shoulder, Physical therapy, Sprained Shoulder; rotator cuff

**Decision rationale:** The requested Retro review for physical therapy and acupuncture, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Shoulder Complaints, Summary of Recommendations and Evidence, page 212; and Official Disability Guidelines (ODG), Shoulder, Physical therapy, Sprained Shoulder; rotator cuff; recommend up to 10 physical therapy sessions for this condition and continued therapy with documented objective evidence of derived functional improvement. CA MTUS Acupuncture Guidelines recommend note that in general acupuncture may be used as an adjunct to physical rehabilitation. The injured worker has neck, bilateral shoulder and bilateral upper extremity pain and back pain. The treating physician did not document objective evidence of derived functional improvement from completed physical therapy or acupuncture sessions. Finally, the completed therapy sessions should have afforded sufficient time for instruction and supervision of a transition to a dynamic home exercise program. The criteria noted above not having been met, Retro review for physical therapy and acupuncture is not medically necessary.