

Case Number:	CM15-0101033		
Date Assigned:	06/03/2015	Date of Injury:	12/04/2009
Decision Date:	07/01/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/26/2015

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: Physical Medicine & Rehabilitation

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 51 year old female, who sustained an industrial injury on 12/4/09. She reported initial complaints of cumulative trauma to the right shoulder. The injured worker was diagnosed as having right shoulder/arm strain; adhesive capsulitis right shoulder. Treatment to date has included status post right shoulder arthroscopy with subacromial decompression and acromioplasty; status post right shoulder arthroscopic debridement rotator cuff (1/30/12); physical therapy; acupuncture; medications. Diagnostics included x-rays right shoulder (7/10/14). Currently, the PR-2 notes dated 3/20/15 indicated the injured worker presented to this office for chronic right shoulder pain. She is a status post right shoulder arthroscopy with subacromial decompression and acromioplasty; status post right shoulder arthroscopic debridement rotator cuff on 1/30/12. She has been receiving ongoing physical therapy and acupuncture and reports the treatment helps. She is able to bring her arm up more but complains of right upper back and anterior shoulder pain. She has difficulty with lifting, overhead, push open a door and wash her back activity. The provider includes an examination note that includes pain with all motions at end stage. X-rays of the right shoulder dated 7/10/14 indicate no evidence of fracture or dislocation and no significant degeneration or destructive changes identified. The provider is requesting continued acupuncture for the right shoulder for 6 sessions and physical therapy for the right shoulder 8 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue acupuncture for the right shoulder quantity 6.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Current clinical exam show no physical impairments or clear dermatomal/myotomal neurological deficits to support for treatment with acupuncture. The patient has completed therapy without functional improvement. There are no clear specific documented goals or objective measures to identify for improvement with a functional restoration approach for this chronic injury with ongoing chronic pain complaints. MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. It is unclear how many acupuncture sessions the patient has received for this chronic injury nor what specific functional benefit if any were derived from treatment. Submitted reports have not demonstrated functional improvement or medical indication to support for additional acupuncture sessions. There are no specific objective changes in clinical findings, no report of acute flare-up or new injuries, nor is there any decrease in medication usage from conservative treatments already rendered. The Continue acupuncture for the right shoulder quantity 6.00 is not medically necessary or appropriate.

Physical therapy for the right shoulder quantity 8.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical therapy for the right shoulder quantity 8.00 is not medically necessary or appropriate.