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| Case Number: | CM15-0104962 | | |
| Date Assigned: | 06/09/2015 | Date of Injury: | 08/08/2014 |
| Decision Date: | 07/15/2015 | UR Denial Date: | 05/05/2015 |
| Priority: | Standard | Application Received: | 06/01/2015 |

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 55 year old male, who sustained an industrial injury on 8/8/2014. He reported injury from heavy lifting. The injured worker was diagnosed as having right shoulder impingement with tendinitis, cervicgia, sleep disorder and psychiatric problems. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 4/27/2015, the injured worker complains of right shoulder pain and compensatory left shoulder pain. Physical examination showed right shoulder tenderness to palpation. The treating physician is requesting pain management follow up, physical therapy once a week for 6 weeks and acupuncture two times a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management follow up: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, pg.127.

Decision rationale: The claimant sustained a work injury in August 2014 and continues to be treated for shoulder pain. Treatments have included physical therapy, acupuncture, medications, shockwave therapy, massage, and chiropractic care. When seen, there was decreased and painful shoulder range of motion with positive Speeds and apprehension testing. Impingement testing was negative. There was rotator cuff tenderness. There was decreased right upper extremity strength and sensation. An MRI of the shoulder had shown findings of a rotator cuff tear. Recommendations included an orthopedic and pain management referral. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant was also referred for an orthopedic evaluation. He has shoulder pain and a rotator cuff tear. Also requesting a pain management evaluation was duplicative and not medically necessary.

Physical therapy once a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Shoulder Procedure Summary Online Version last updated 04/03/2015: ODG-TWC Neck & Upper Back Procedure Summary Online Version last updated 11/18/2014.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in August 2014 and continues to be treated for shoulder pain. Treatments have included physical therapy, acupuncture, medications, shockwave therapy, massage, and chiropractic care. When seen, there was decreased and painful shoulder range of motion with positive Speeds and apprehension testing. Impingement testing was negative. There was rotator cuff tenderness. There was decreased right upper extremity strength and sensation. An MRI of the shoulder had shown findings of a rotator cuff tear. Recommendations included an orthopedic and pain management referral. In this case, the claimant has already had physical therapy. Guidelines state that patients are expected to continue active therapies at home. Ongoing compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. No new therapeutic content was being requested. The additional physical therapy is not medically necessary.

Acupuncture 2 times a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The claimant sustained a work injury in August 2014 and continues to be treated for shoulder pain. Treatments have included physical therapy, acupuncture, medications, shockwave therapy, massage, and chiropractic care. When seen, there was decreased and painful shoulder range of motion with positive Speeds and apprehension testing. Impingement testing was negative. There was rotator cuff tenderness. There was decreased right upper extremity strength and sensation. An MRI of the shoulder had shown findings of a rotator cuff tear. Recommendations included an orthopedic and pain management referral. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented. In this case, the number of treatments is in excess of guideline recommendations. The requested acupuncture treatments were not medically necessary.