

<b>Case Number:</b>	CM15-0106103		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	02/26/2014
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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 43-year-old female, who sustained an industrial injury on February 26, 2014. She reported left shoulder and arm pain with weakness after working in food preparation and lifting produce boxes. The injured worker was diagnosed as having left shoulder impingement syndrome, right wrist pain, cervical sprain/strain, bilateral shoulder girdle pain left more than right and bilateral hand and wrist pain right more than left. Treatment to date has included radiographic imaging, diagnostic studies, medications, physical therapy, pain patches and work restrictions. Currently, the injured worker complains of continued bilateral shoulder and arm pain. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on April 20, 2015, revealed continued pain as noted with associated tingling and numbness of the upper extremities and hands. Physical therapy was continued, patches were continued and pain medications were renewed. She noted heartburn with medication use and a proton pump inhibitor was continued. Radiographic imaging of the cervical spine revealed diffuse disc bulges. Acupuncture and physical therapy for the left shoulder and right hand were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy evaluation and treatment 2 x 3 for left shoulder and right hand: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 58-60 of 127.

**Decision rationale:** The patient is a 43-year-old female who sustained an injury in February of 2014 and subsequently developed pain to the left shoulder and arm. She has been diagnosed with left shoulder impingement syndrome. Treatment has included physical therapy, topical and oral analgesic medications but has ongoing discomfort. The request is for further physical therapy. The MTUS guidelines advise physical therapy or passive manipulation initially followed by active, self-directed treatment. At issue is the fact that the patient's injury is of greater than one-year duration with a previous course of physical therapy undertaken. At this point, further passive manipulation would not be advised. The MTUS guidelines state that after initial treatment, the evidence supports active self-directed therapy, which yields better clinical outcomes. " The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. (Fritz, 2007) Active treatments also allow for fading of treatment frequency along with active self directed home PT, so that fewer visits would be required in uncomplicated cases." As such, the request is not medically necessary.

**Acupuncture evaluation and treatment 2 x 3 for the left shoulder and right hand:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204-212.

**Decision rationale:** The patient is a 43-year-old female who sustained an injury in February of 2014 and subsequently developed pain to the left shoulder and arm as well as wrist and hand. She has been diagnosed with left shoulder impingement syndrome. Treatment has included physical therapy, topical and oral analgesic medications but has ongoing discomfort. The request is for further acupuncture to the left shoulder and hand to aid in her discomfort. The MTUS guidelines do not mention or advise acupuncture for the treatment of impingement syndrome of the shoulder. Acupuncture is recommended for various other conditions. Due to lack of scientific evidence supporting its use for the patient's diagnosed indications, the treatment is not medically necessary.