

<b>Case Number:</b>	CM15-0107369		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	07/25/2002
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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 72-year-old male, with a reported date of injury of 07/25/2002. The diagnoses include left shoulder pain, status post left shoulder open rotator cuff repair with recurrent rotator cuff tear, symptomatic previous impingement syndrome and distal clavicle arthrosis of the left shoulder, and status post left shoulder acromioplasty, debridement of rotator cuff and glenoid labral tear, and acromioplasty, resection of coracoacromial ligament and subacromial bursa. Treatments to date have included physical therapy, an MRI of the cervical spine, which showed herniated nucleus pulposus, electrodiagnostic studies on 03/06/2015, an MR Arthrogram of the left shoulder on 06/25/2014; and oral medications. The progress report dated 05/04/2015 indicates that the injured worker complained of cervical spine pain, rated 5-6 out of 10; and left shoulder pain, which mildly increased. It was noted that he finished physical therapy and acupuncture. The treatment helped his pain, but it increased after therapy ended. It was noted that the injured worker would benefit with more physical therapy/acupuncture. The injured worker's functionality had improved since the last examination. His pain intensity and frequency had decreased. It was noted that his activities of daily living had improved. The objective findings include mild bilateral carpal tunnel syndrome, right greater than left and mild left Guyon canal, and decreased left shoulder range of motion. The physical therapy report dated 04/07/2015 indicates that the injured worker reported only slight pain in the right shoulder. He also reported that the pain was no longer consistent. The objective findings include continued tenderness to palpation to the left biceps tendon, increased pectoral tightness. The treatment plan included continued plan of care, and continue with active range of motion scapular

mobilizations. The treating physician requested twelve (12) physical therapy sessions for the left shoulder and twelve (120) acupuncture sessions for the left shoulder.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Twelve (12) sessions of physical therapy for the left shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder: Physical Therapy.

**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 has a remote history of a work injury occurring in July 2002 and continues to be treated for left shoulder and neck pain. Recent treatments have included physical therapy with 12 sessions documented and acupuncture with improvement while undergoing treatments but with increased pain after these were completed. When seen, pain was rated at 5-6/10. There was biceps tenderness and pectoral muscle tightness. A cervical epidural steroid injection was being planned. In this case, the claimant has recently had physical therapy. 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, which appear to be happening in this case. The additional physical therapy was not medically necessary.

#### **Twelve (12) sessions of acupuncture for the left shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder: Acupuncture.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The claimant has a remote history of a work injury occurring in July 2002 and continues to be treated for left shoulder and neck pain. Recent treatments have included physical therapy with 12 sessions documented and acupuncture with improvement while undergoing treatments but with increased pain after these were completed. When seen, pain was rated at 5-6/10. There was biceps tenderness and pectoral muscle tightness. A cervical epidural steroid injection was being planned. 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 and optimum duration of 1 to 2 months. In this case, the claimant has been treated for more than 2 months and has completed the planned adjunctive rehabilitation. The requested additional acupuncture treatments were not medically necessary.