

Case Number:	CM15-0109838		
Date Assigned:	06/16/2015	Date of Injury:	02/03/2005
Decision Date:	07/20/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/08/2015

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 48 year old female, who sustained an industrial injury on February 3, 2005. The mechanism of injury was repetitive work duties. The injured worker has been treated for back, bilateral shoulder and bilateral wrist and hand complaints. The diagnoses have included low back pain, left shoulder rotator cuff tendonitis, left shoulder impingement syndrome, bilateral carpal tunnel syndrome, chronic hand and wrist pain and failed lumbar fusion/hardware with sciatica. Treatment to date has included medications, radiological studies, electrodiagnostic studies, physical therapy and lumbar spine surgery. Current documentation dated January 23, 2015 notes that the injured worker reported worsening back pain radiating to the lower extremities. The pain was characterized as burning and tingling. The pain was rated a six out of ten on the visual analogue scale. The injured worker also noted a throbbing left shoulder pain which radiated to the left arm. Examination of the left shoulder revealed tenderness and a positive Hawkin's test and empty can test. The treating physician's plan of care included a request for acupuncture treatments to the left shoulder # 8 and physical therapy to the left shoulder # 8.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the left shoulder, quantity: 8 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: The patient presents with back pain radiating to lower extremities rated 6/10 and left shoulder pain radiating to upper extremity rated 5/10. The request is for Acupuncture for the Left Shoulder, Quantity: 8 sessions. The request for authorization is not provided. The patient is status-post lumbar fusion, 10/2006. Physical examination of the left shoulder reveals tenderness to palpation. Positive Hawkin's and Empty Can tests, examination of the thoracolumbar spine reveals tenderness to palpation over the paralumbar muscles and SI joints. Patient's medications include Naproxen and Omeprazole. Per progress report dated 01/23/15, the patient is temporarily totally disabled. 9792.24.1 Acupuncture Medical Treatment Guidelines MTUS pg. 13 of 127 states: " (i) Time to produce functional improvement: 3 to 6 treatments (ii) Frequency: 1 to 3 times per week (iii) Optimum duration: 1 to 2 months. (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." Treater does not discuss the request. Review of medical records indicates the patient has not had any previous sessions of Acupuncture. Given patient's condition, sessions of Acupuncture may be indicated. However, MTUS guidelines recommend up to 6 treatments to produce function improvement. In this case, the request for 8 sessions of Acupuncture exceeds MTUS recommendation. Therefore, the request is not medically necessary.

Physical therapy for the left shoulder, quantity: 8 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99, 118-119.

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

Decision rationale: The patient presents with back pain radiating to lower extremities rated 6/10 and left shoulder pain radiating to upper extremity rated 5/10. The request is for Physical Therapy for the Left Shoulder, Quantity: 8 sessions. The request for authorization is not provided. The patient is status-post lumbar fusion, 10/2006. Physical examination of the left shoulder reveals tenderness to palpation. Positive Hawkin's and Empty Can tests examination of the thoracolumbar spine reveals tenderness to palpation over the paralumbar muscles and SI joints. Patient's medications include Naproxen and Omeprazole. Per progress report dated 01/23/15, the patient is temporarily totally disabled. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine". MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Treater does not discuss the request. Per progress report dated 12/02/14, treater notes, "Conservative treatment has included physical therapy,

medication management, and EMG/NCV studies." However, treatment history is not provided to determine how many previous sessions were provided. In this case, given the patient's condition, a short course of physical therapy would be indicated. MTUS guidelines recommend up to 10 visits of physical therapy. Therefore, the request is medically necessary.