

<b>Case Number:</b>	CM15-0142450		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	04/10/2015
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 40-year-old male with an April 10, 2015 date of injury. A progress note dated June 17, 2015 documents subjective complaints (constant pain that is severe in the shoulder on the right side; numbness and tingling sensation; pain rated at a level of 7 out of 10; severe difficulty in sleep), objective findings (tenderness present in the right shoulder; swelling present in the right shoulder; decreased range of motion of the right shoulder), and current diagnoses (right shoulder strain; myofascial pain syndromes). Treatments to date have included medications, magnetic resonance imaging of the right shoulder with normal findings, and physical therapy. The treating physician documented a plan of care that included acupuncture, infrared treatment, and myofascial release for the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture:** Upheld

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

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

**Decision rationale:** MTUS Guidelines state that acupuncture is an option when pain medication is not tolerated or is reduced in patients with chronic pain. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. In this case, there is no indication that pain medications have been reduced or are not tolerated. He has not had surgery. The patient has nonspecific shoulder pain due a strain 3.5 months ago. The MRI of the shoulder is entirely normal. His symptoms have remained unchanged on oral pain medications, which have not been reduced. Therefore, the request for acupuncture is deemed not medically necessary or appropriate at this time.

**Infrared:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low-level laser therapy Page(s): 57.

**Decision rationale:** MTUS Guidelines state that low-level laser therapy such as red beam or near-infrared therapy is not recommended. Guidelines indicate that there is insufficient evidence to support the use of this modality in the treatment of chronic pain. At best, this therapy provides the equivalent of placebo therapy. No peer reviewed medical literature has been provided with this request, which would overrule the guideline recommendations. Therefore, this request is not medically necessary or appropriate.

**Myofascial release 2x3 for the right shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

**Decision rationale:** MTUS Guidelines state that massage therapy (myofascial release) should be used as an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Massage is an effective adjunct treatment to relieve acute postoperative pain in patients who have had major surgery. In general, there is a lack of long-term benefit with massage. In this case, there is a lack of rationale provided for the necessity of massage to the right shoulder. The patient is not postoperative. It is also unclear as to what the results of prior physical therapy/home exercise have produced in this patient. Therefore, this request is not medically necessary or appropriate.