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| <b>Case Number:</b>   | CM15-0142555 |                              |            |
| <b>Date Assigned:</b> | 08/03/2015   | <b>Date of Injury:</b>       | 07/13/2012 |
| <b>Decision Date:</b> | 08/31/2015   | <b>UR Denial Date:</b>       | 06/25/2015 |
| <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: 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:

This is a 47-year-old female with a July 13, 2012 date of injury. A progress note dated June 9, 2015 documents subjective complaints (has developed postoperative reflex sympathetic dystrophy), objective findings (hypersensitivity with allodynia about the right anterolateral shoulder region), and current diagnoses (status post right shoulder injury; status post right shoulder decompression and distal clavicle resection, labral and cuff debridement on January 15, 2015; reflex sympathetic dystrophy, right shoulder). Treatments to date have included right shoulder surgery, acupuncture, medications, and a transcutaneous electrical nerve stimulator unit. The treating physician documented a plan of care that included acupuncture, physical therapy, and transportation to physical therapy and acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 1-2 x 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 July 2012 and underwent a right shoulder decompression with distal clavicle resection and label and rotator cuff debridement in January 2015. When seen, there was decreased range of motion. There was hypersensitivity with allodynia over the natural lateral shoulder. Authorization was requested for acupuncture treatments, continued postoperative physical therapy, and transportation. Treatments have included postoperative physical therapy beginning 7-10 days after surgery at a frequency of two times per week. 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 with a frequency or 1 to 3 times per week and optimum duration of 1 to 2 months. In this case, the number of initial treatments requested is in excess of guideline recommendations. The requested acupuncture treatments were not medically necessary.

**Post-op physical therapy - 1 x week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder - Physical therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, p98-99 Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 27.

**Decision rationale:** The claimant sustained a work injury in July 2012 and underwent a right shoulder decompression with distal clavicle resection and label and rotator cuff debridement in January 2015. When seen, there was decreased range of motion. There was hypersensitivity with allodynia over the natural lateral shoulder. Authorization was requested for acupuncture treatments, continued postoperative physical therapy, and transportation. Treatments have included postoperative physical therapy beginning 7-10 days after surgery at a frequency of two times per week. Post surgical treatment after the claimant's shoulder arthroscopy includes up to 24 physical therapy visits over 14 weeks with a postsurgical physical medicine treatment period of 6 months. Guidelines recommend an initial course of therapy of one-half of this number of visits. With documentation of functional improvement, a subsequent course of therapy can be prescribed and if it is determined additional functional improvement can be accomplished after completion of the general course of therapy; additional treatment may be continued up to the end of the postsurgical physical medicine period. In this case, the claimant has been receiving physical therapy treatments for at least 17 weeks. The claimant is now being treated for possible CRPS and the expectation of additional functional improvement is not established. The requested additional physical therapy was not medically necessary.

**Transportation to physical therapy and acupuncture:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg - Transportation (to & from appointments).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Transportation to and from appointments.

**Decision rationale:** The claimant sustained a work injury in July 2012 and underwent a right shoulder decompression with distal clavicle resection and label and rotator cuff debridement in January 2015. When seen, there was decreased range of motion. There was hypersensitivity with allodynia over the natural lateral shoulder. Authorization was requested for acupuncture treatments, continued postoperative physical therapy, and transportation. Treatments have included postoperative physical therapy beginning 7-10 days after surgery at a frequency of two times per week. In this case, the requested acupuncture and physical therapy treatments are not medically necessary. Additionally, the claimant has an upper extremity impairment and has been able to attend outpatient appointments. There is no documented gait dysfunction or use of an assistive device. The request for transportation is not medically necessary.