Case Number:	CM15-0144507		
Date Assigned:	08/05/2015	**Date of Injury:**	04/23/2014
Decision Date:	09/02/2015	**UR Denial Date:**	07/22/2015
Priority:	Standard	**Application Received:**	07/26/2015

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: New Jersey, Alabama, California
Certification(s)/Specialty: Neurology, Neuromuscular 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 (IW) is a 59 year old male who sustained an industrial injury on 04/23/2014. He reported extreme pain in his right shoulder due to prolonged exposure to heavy structural work while building airplanes. The injured worker was diagnosed as having; Bilateral shoulder derangement; Left shoulder impingement syndrome; Status post right shoulder surgery in October 2014Treatment to date has included physical therapy, which provided him relief and reported improvement in his range of motion, and a right elbow injection which provided him relief. He had right rotator cuff surgery in October 2014. Currently, the injured worker complains of intermittent right shoulder pain that is sharp, achy, spasmodic, shooting and constricting in character. He rates his pain as a 2 on a scale of 0-10 while resting and a 5 with activities. Pain is brought on with lifting and reaching. He has occasional left shoulder pain that is sharp and shooting in character. He rates the left shoulder pain as a 1 on a scale of 0-10 while at rest, and 3 with activities. The pain is brought on with lifting and reaching. On exam, there were surgical scars noted on the right shoulder. There was tenderness over the deltoid complex. Neer and Hawkins-Kennedy tests were positive on the left. Manual muscle testing revealed 4 out of 5 strength with flexion, extension, abduction, adduction, internal rotation and external rotation. Range of motion was restricted due to pain. A request for authorization was made for the following: 1. Physical Therapy, Bilateral Shoulder, 3 times wkly for 4 wks, 12 sessions 2. Acupuncture, Bilateral Shoulder, 2 times wkly for 3 wks, 6 sessions

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Bilateral Shoulder, 3 times wkly for 4 wks, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: According to MTUS guidelines, Physical Medicine is "Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short-term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007)" In this case, the patient underwent at least 30 sessions of physical therapy without clear objective documentation of efficacy. In addition, there is no documentation as to why the patient cannot perform home exercise program. Therefore, the request for 12 physical therapy sessions for bilateral shoulders is not medically necessary.

Acupuncture, Bilateral Shoulder, 2 times wkly for 3 wks, 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to MTUS guidelines, acupuncture is considered in knee, back, ankle, and upper extremities complaints. "Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation

and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. (c) Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(ef)." In this case, there is no documentation of intolerance or reduction of the pain medication. In addition, there is no indication that the patient is candidate for surgery. Therefore, the request for Acupuncture Treatment, 6 sessions, for bilateral shoulders is not medically necessary.