

Case Number:	CM15-0147360		
Date Assigned:	08/10/2015	Date of Injury:	09/01/2012
Decision Date:	09/11/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/29/2015

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: 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:

The injured worker is a 35-year-old female who sustained an industrial injury on 09-01-2012. Diagnoses include carpal tunnel syndrome, right; right shoulder impingement; cervical spine sprain, strain; and right elbow epicondylitis. Treatment to date has included medications, physical therapy, activity modification and acupuncture. It appeared from the logs submitted that the injured worker had eight sessions of acupuncture from 2-26-2015 to 5-19-2015 and eight sessions of PT from 3-12-2015 to 6-11-2015; however, the acupuncture log was filled with "0"s and it was unclear if the injured worker attended the sessions. According to the progress notes dated 5-28-2015, the injured worker reported constant right - sided neck pain, right shoulder pain and right arm pain and intermittent lower back pain. On examination, the cervical spine was tender with muscle spasms at C2 through C7. The right shoulder was positive for impingement; the right elbow had positive impingements. Tinel's sign was positive at the right wrist. Progress notes dated 12-5-2013 stated an MRI of the right shoulder (undated) showed atrophy of the supraspinatus tendon and partial tear. A request was made for acupuncture due to past benefit in functionality and for physical therapy for the right shoulder and cervical spine.

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS acupuncture medical treatment guidelines state that 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. Time to produce functional improvement is 3 to 6 treatments. Per the MTUS guidelines, Acupuncture treatments may be extended if functional improvement is documented. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment. In this case the injured worker has reportedly undergone prior acupuncture treatments. However, in the absence of specific functional improvement and decreased need for medications, the request for additional acupuncture treatments is not supported. The request for Acupuncture is not medically necessary or appropriate.

Physical therapy, right shoulder/cervical: 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).

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

Decision rationale: According to the MTUS guidelines, passive therapy 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. The MTUS guidelines also state that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The MTUS guidelines recommend up to 10 sessions of therapy for Myalgia, myositis, neuralgia, neuritis, and radiculitis. The injured worker has undergone prior physical therapy treatments and in the absence of an exacerbation or re-injury, the request for additional physical therapy is not supported. The request for Physical therapy, right shoulder/cervical is not medically necessary or appropriate.