

<b>Case Number:</b>	CM15-0169260		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	12/04/2009
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: Texas, Florida, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This injured worker is a 51 year old female who reported an industrial injury on 12-4-2009. Her diagnoses, and or impression, were noted to include: adhesive capsulitis, status-post right shoulder rotator cuff repair surgery. No current imaging studies were noted. Her treatments were noted to include: panel qualified orthopedic evaluation on 7-7-2014; physical therapy initial examination, with physical therapy treatments (Feb.-June 2015); hot packs, electro-acupuncture and acupressure treatments (May-Dec. 2014); a home exercise program; and modified work duties. The physical therapy discharge notes of 6-15-2015 discharged her to a home exercise program. The primary physician's progress notes of 5-9-2015 reported a re-assessment for authorized limited therapy and acupuncture; and that she was dealing with increased amounts of symptoms on the shoulder, with more stiffness, pain and weakness. Objective findings were noted to include: no new reported conditions; and that flexion and abduction was 140 degrees, with positive provocative testing, pain with motion and behind the back, and weakness on gripping. The physician's requests for treatments were noted to include an additional 12 physical therapy treatments and 6 acupuncture treatments for the right shoulder, because she had made progress using conservative treatments. The Utilization Review of 8-20-2015 modified the number of physical therapy treatments to 2 and non-certified the acupuncture treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, for the right shoulder QTY: 12.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines ODG, Shoulder Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** This claimant was injured now 6 years ago, with diagnoses of adhesive capsulitis, status-post right shoulder rotator cuff repair surgery. Her treatments were noted to include: panel qualified orthopedic evaluation on 7-7-2014; physical therapy initial examination, with physical therapy treatments (Feb.-June 2015); hot packs, electro-acupuncture and acupressure treatments (May-Dec. 2014); a home exercise program; and modified work duties. The claimant had increased amounts of symptoms on the shoulder, with more stiffness, pain and weakness. Objective findings were noted to include: no new reported conditions; and that flexion and abduction was 140 degrees, with positive provocative testing, pain with motion and behind the back, and weakness on gripping. The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: "Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient", "Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general". A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self actualization. This request for more skilled, monitored therapy was appropriately non-certified and therefore is not medically necessary.

**Acupuncture, for the right shoulder QTY: 6.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** As shared, this claimant was injured now 6 years ago, with diagnoses of adhesive capsulitis, status-post right shoulder rotator cuff repair surgery. Her treatments were noted to include: panel qualified orthopedic evaluation on 7-7-2014; physical therapy initial

examination, with physical therapy treatments (Feb.-June 2015); hot packs, electro-acupuncture and acupressure treatments (May-Dec. 2014); a home exercise program; and modified work duties. She was dealing with increased amounts of symptoms on the shoulder, with more stiffness, pain and weakness. Objective findings were noted to include: no new reported conditions; and that flexion and abduction was 140 degrees, with positive provocative testing, pain with motion and behind the back, and weakness on gripping. This claimant had past acupuncture, with unclear objective functional gains documented. The MTUS notes frequency and duration of acupuncture or acupuncture may be up to 6 treatments to confirm functional improvement. Acupuncture treatments may be extended only if true functional improvement is documented as defined in Section 9792.20(f). This frequency and duration requested is above guides as to what may be effective, given the lack of objective documentation of effective functional improvement in the claimant. The sessions are appropriately non-certified under the MTUS Acupuncture criteria and therefore are not medically necessary.