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| Case Number: | CM15-0188352 | | |
| Date Assigned: | 09/30/2015 | Date of Injury: | 01/03/2009 |
| Decision Date: | 11/09/2015 | UR Denial Date: | 09/08/2015 |
| Priority: | Standard | Application Received: | 09/24/2015 |

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:

The injured worker is a 34 year old male, who sustained an industrial injury on 1-3-2009. The injured worker is undergoing treatment for: left shoulder, low back, left knee. On 6-9-15, he reported left shoulder pain. Physical findings revealed stiffness and pain with range of motion of the left shoulder, positive neer and Hawkins impingement signs. On 8-14-15, he reported low back pain with radiation down the left leg down the buttock and into the thigh. He rated the pain 7 out of 10. There are no objective findings documented. The treatment and diagnostic testing to date has included: 8 physical therapy sessions are noted to have been approved in May 2014, however he did not complete the treatment, left shoulder surgery (2-11-11), revision of left shoulder surgery (4-25-14), Kenalog injection of left shoulder (6-8-15), synvisc injection of left knee (dates unclear), left knee surgery (2-3-2012), ice. Medications have included: Voltaren, Flexeril, Tramadol, and Norco. Current work status: permanent and stationary with work restrictions. The request for authorization is for: physical therapy 2 times a week for 6 weeks (2x6); chiropractic 2 times a week for 6 weeks (2x6); and acupuncture 2 times a week for 6 weeks (2x6). The UR dated 9-8-2015: non-certified the requests for physical therapy 2 times a week for 6 weeks (2x6); chiropractic 2 times a week for 6 weeks (2x6); and acupuncture 2 times a week for 6 weeks (2x6).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in January 2009 and is being treated for low back and left shoulder and knee pain occurring when he sat on a chair that rolled out from under him. He underwent a left shoulder revision subacromial decompression in April 2014. When seen, he was having radiating symptoms into the left buttock and thigh. He had not completed a prior course of physical therapy. Authorization for physical therapy, chiropractic care, and acupuncture are being requested. The claimant is being treated for chronic pain with no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to determine whether continuation of physical therapy was needed or likely to be effective. The request is not medically necessary.

Chiropractic 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The claimant sustained a work injury in January 2009 and is being treated for low back and left shoulder and knee pain occurring when he sat on a chair that rolled out from under him. He underwent a left shoulder revision subacromial decompression in April 2014. When seen, he was having radiating symptoms into the left buttock and thigh. He had not completed a prior course of physical therapy. Authorization for physical therapy, chiropractic care, and acupuncture are being requested. Chiropractic care is recommended as an option in the treatment of chronic pain. Guidelines recommend a trial of 6 visits over two weeks with further treatment considered if there is objective evidence of functional improvement and with a total of up to 18 visits over 6-8 weeks. In this case, the number of initial treatment sessions requested is in excess of the guideline recommendation and not medically necessary.

Acupuncture 2 times a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The claimant sustained a work injury in January 2009 and is being treated for low back and left shoulder and knee pain occurring when he sat on a chair that rolled out from under him. He underwent a left shoulder revision subacromial decompression in April 2014. When seen, he was having radiating symptoms into the left buttock and thigh. He had not completed a prior course of physical therapy. Authorization for physical therapy, chiropractic care, and acupuncture are being requested. 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 of 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 are not medically necessary.