

Case Number:	CM15-0196066		
Date Assigned:	11/04/2015	Date of Injury:	11/08/2009
Decision Date:	12/15/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/06/2015

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 injured worker is a 51 year old female who reported an industrial injury on 11-8-2009. Her diagnoses, and or impressions, were noted to include: right shoulder adhesive capsulitis, bursitis, and "ID"; and right ankle and wrist sprain-strain, with right wrist "ID". No imaging studies were noted. Her treatments were noted to include medication management, and modified work duties. The progress notes of 8-31-2015 reported the same pains, with worsening right shoulder pain. The objective findings were noted to include "right hand dominant, and 4 out of 5 "SMMT", -5 degrees on all planes". The physician's requests for treatment were noted to include a re-submission for physiotherapy, 3 x a week x 4 weeks, and acupuncture 2 x a week x 3 weeks. No Request for Authorization for physical therapy for the right wrist and ankle, 3 x a week x 4 weeks, and acupuncture for the right shoulder, wrist and ankle, 2 x a week x 3 weeks was noted in them medical records provided. The Utilization Review of 9-25-2015 non-certified the request for physical therapy for the right wrist and ankle, 3 x a week x 4 weeks, and acupuncture for the right shoulder, wrist and ankle, 2 x a week x 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Magnetic resonance imaging (MRI).

Decision rationale: The claimant sustained a work injury in November 2009 when she stepped on a hanger causing her to fall landing on her buttocks. She had right shoulder and right foot and ankle pain. Treatments included physical therapy, medications, and three shoulder injections. Physical therapy had provided little help. Testing referenced includes an MRI and x-ray / CT scan of the right shoulder and right ankle/foot. When seen, she was having constant right shoulder and intermittent right ankle and foot pain. Pain was rated at 3-7/10 and increased with activity. Physical examination findings included decreased right shoulder range of motion with positive impingement testing. She had tenderness, spasms, and swelling. There was decreased shoulder strength. There was right wrist, ankle, and foot tenderness with spasms and swelling. Finkelstein, Phalen's, and Tinel's tests were positive. There was decreased lower extremity strength. Authorization was requested for 12 sessions of physical therapy, six acupuncture treatments, and an MRI of the right shoulder. MRI is the most useful technique for evaluation of shoulder pain due to subacromial impingement and rotator cuff disease and can be used to diagnose bursal inflammatory change, structural causes of impingement and secondary tendinopathy, and partial-and full-thickness rotator cuff tears. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case, there is no acute injury. Although the claimant has physical examination findings of rotator cuff pathology, the claimant has already had an MRI and the requesting provider has not reviewed these results. Another MRI is not medically necessary.

Physical therapy for the right wrist and right ankle 3 times per week for 4 weeks: Upheld

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

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 November 2009 when she stepped on a hanger causing her to fall landing on her buttocks. She had right shoulder and right foot and ankle pain. Treatments included physical therapy, medications, and three shoulder injections. Physical therapy had provided little help. Testing referenced includes an MRI and x-ray / CT scan of the right shoulder and right ankle/foot. When seen, she was having constant right shoulder and intermittent right ankle and foot pain. Pain was rated at 3-7/10 and increased with activity. Physical examination findings included decreased right shoulder range of motion with positive impingement testing. She had tenderness, spasms, and swelling. There was decreased shoulder strength. There was right wrist, ankle, and foot tenderness with spasms and swelling. Finkelstein, Phalen's, and Tinel's tests were positive. There was decreased lower extremity strength. Authorization was requested for 12 sessions of physical therapy, six

acupuncture treatments, and an MRI of the right shoulder. The claimant is being treated for chronic pain with no new injury and has already had physical therapy without reported benefit. 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 likely to be any more effective than previously. The request is not considered medically necessary.

Acupuncture for right shoulder, right wrist and right ankle 2 times per week for 3 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 November 2009 when she stepped on a hanger causing her to fall landing on her buttocks. She had right shoulder and right foot and ankle pain. Treatments included physical therapy, medications, and three shoulder injections. Physical therapy had provided little help. Testing referenced includes an MRI and x-ray / CT scan of the right shoulder and right ankle/foot. When seen, she was having constant right shoulder and intermittent right ankle and foot pain. Pain was rated at 3-7/10 and increased with activity. Physical examination findings included decreased right shoulder range of motion with positive impingement testing. She had tenderness, spasms, and swelling. There was decreased shoulder strength. There was right wrist, ankle, and foot tenderness with spasms and swelling. Finkelstein, Phalen's, and Tinel's tests were positive. There was decreased lower extremity strength. Authorization was requested for 12 sessions of physical therapy, six acupuncture treatments, and an MRI of the right shoulder. 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, although physical therapy was requested, that request was excessive and not medically necessary. Prior physical therapy had not been effective and there is no evidence of a home exercise program or other adjunctive rehabilitation. For this reason, the requested acupuncture treatments cannot be accepted as being medically necessary.