

<b>Case Number:</b>	CM15-0201310		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	10/27/2014
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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: North Carolina  
 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 33 year old male, who sustained an industrial injury on 10-27-2014. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for right shoulder sprain and impingement syndrome. Medical records (04-03-2015 to 09-14-2015) indicate worsening sharp right shoulder pain with weakness and stiffness. Pain levels were rated 4-7 out of 10 in severity on a visual analog scale (VAS). Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 09-14-2015, revealed decreased and painful range of motion (ROM) in the right shoulder, slightly decreased motor strength, tenderness to palpation and muscle spasms over the acromioclavicular (AC) joint, anterior shoulder, lateral shoulder, posterior shoulder and supraspinatus, pain with Neer's testing, and a positive Speed's test. Relevant treatments have included: physical therapy (PT) resulting in worsening of symptoms, work restrictions, and pain medications. Acupuncture and PT was initially requested on 06-22-2015; however, there were no reports of this recent PT and acupuncture being completed. The medical records included a functional assessment with a full exam and ROM testing completed on 07-09-2015 showing restricted ROM in the right shoulder. Additionally, each previous monthly exam included right shoulder ROM testing. The PR and request for authorization (09-14-2015) shows that the following treatments and test were requested: 6 sessions of PT for the right shoulder, 6 sessions of acupuncture for the right shoulder, and one ROM test per month per doctor's visit. The original utilization review (09-22-2015) non-certified

the request for 6 sessions of PT for the right shoulder, 6 sessions of acupuncture for the right shoulder, and one ROM test per month per doctor's visit.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical therapy 1x per week for 6 weeks for the right shoulder: Upheld**

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

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

**Decision rationale:** Physical Medicine Guidelines-Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. 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; Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The requested amount of physical therapy is in excess of California chronic pain medical treatment guidelines. The patient has already completed a course of physical therapy. There is no objective explanation why the patient would need excess physical therapy and not be transitioned to active self-directed physical medicine. The request is not medically necessary.

**Acupuncture 1x per week for 6 weeks for the right shoulder: Upheld**

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

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on acupuncture states: 1) "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. Frequency and duration of acupuncture with electrical stimulation may be performed as follows: 1. Time to produce functional improvement 3-6 treatments; 2. Frequency: 1-3 times per week; 3. Optimum duration is 1-2 months; 4. Treatments may be extended if functional improvement is documented. There is no documentation that previous acupuncture provided significant improvement in pain or objective improvements in function. Therefore the request for additional therapy is not medically necessary.

**ROM (range of motion) test 1x month per doctor's visit: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Follow-up Visits.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) range of motion testing.

**Decision rationale:** The California MTUS does not specifically address this request. The ACOEM does not address flexibility and strength testing specifically in the shoulder, forearm or wrist chapter. However, the low back chapter states flexibility testing should be simply part of the routine physical exam. The ODG states that range of motion should be part of the normal physical exam. There is no indication why this would not be included in the routine physical examination of the right upper extremity and why any specialized range of motion and, muscle strength testing would be necessary beyond the physical exam. Therefore, the request is not medically necessary.