

Case Number:	CM15-0202871		
Date Assigned:	10/19/2015	Date of Injury:	11/16/2010
Decision Date:	12/01/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/15/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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:

The injured worker is a 67 year old female, who sustained an industrial injury on 11-16-10. Medical records indicate that the injured worker is undergoing treatment for a cervical herniated nucleus pulposus, right shoulder rotator cuff tear, right rotator cuff repair and left foot neuroma. The injured worker is temporarily totally disabled. On (9-16-15) the injured worker complained of right shoulder pain and tightness and a limited range of motion. Objective finding revealed tenderness to palpation with weight bearing at the metatarsophalangeal joint. The left foot was flexible. Tenderness to palpation and spasms was noted over the trapezius muscles and rhomboids. Right shoulder range of motion was decreased. Treatment and evaluation to date has included medications, MRI of the left foot, physical therapy (24) to the foot and a home exercise program. A physical therapy note (# 23) dated 9-11-15 noted that the injured worker is overall much improved and continued to make steady progress. The injured worker showed gains in range of motion, balance and strength. She reported less overall pain. The injured worker was noted to still have thirty-two percent disability and warranted continued rehabilitation. Current medications in Voltaren gel. The request for authorization dated 9-17-15 included requests for physical therapy one time a week for four weeks to the left foot and acupuncture treatments one time a week for six weeks to the right shoulder. The Utilization Review documentation dated 9-24-15 non-certified the requests for physical therapy one time a week for four weeks to the left foot and acupuncture treatments one time a week for six weeks to the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 1 time a week for 4 weeks for the left foot: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and foot section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy one time per week times four weeks to the left foot is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnosis is left foot neuroma. Date of injury is November 16, 2010. Request authorization is September 17, 2015. According to a September 16, 2015 progress note, the injured worker's subjective complaints include right shoulder pain with muscle tightness and decreased range of motion. There is left foot pain. This objective section contains acronyms (?). Objectively, there is left foot tenderness to palpation with decreased range of motion. The left shoulder has tenderness at the trapezius and rhomboids. There is spasm present. There is no shoulder diagnosis in the progress note documentation. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated. The utilization review indicates the injured worker received 24 physical therapy sessions during the 2015 calendar year. The medical record indicates the injured worker received 23 physical therapy sessions ranging from May 2015 through September 11, 2015. The worker is much improved and engaged in a home exercise program. Utilization review indicates the injured worker received acupuncture 3-4 years ago. There are no acupuncture treatment sessions and no documentation demonstrating objective functional improvement. There are no compelling clinical facts indicating additional physical therapy is clinically warranted. As noted above, the medical record indicates the injured worker received 23 physical therapy sessions. There is no documentation demonstrating objective functional improvement despite documentation the injured worker is subjectively much improved. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement after 23 physical therapy sessions and no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated, physical therapy one time per week times four weeks to the left foot is not medically necessary.

Acupuncture 1 time a 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Acupuncture treatment.

Decision rationale: Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, acupuncture one time per week times six weeks to the right shoulder is not medically necessary. Acupuncture is not recommended for acute low back pain. Acupuncture is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. The Official Disability Guidelines provide for an initial trial of 3-4 visits over two weeks. With evidence of objective functional improvement, a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The evidence is inconclusive for repeating this procedure beyond an initial short period. In this case, the injured worker's working diagnosis is left foot neuroma. Date of injury is November 16, 2010. Request authorization is September 17, 2015. According to a September 16, 2015 progress note, the injured worker's subjective complaints include right shoulder pain with muscle tightness and decreased range of motion. There is left foot pain. This objective section contains acronyms (?). Objectively, there is left foot tenderness to palpation with decreased range of motion. The left shoulder has tenderness at the trapezius and rhomboids. There is spasm present. There is no shoulder diagnosis in the progress note documentation. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated. The utilization review indicates the injured worker received 24 physical therapy sessions during the 2015 calendar year. The medical record indicates the injured worker received 23 physical therapy sessions ranging from May 2015 through September 11, 2015. The worker is much improved and engaged in a home exercise program. Utilization review indicates the injured worker received acupuncture 3-4 years ago. There are no acupuncture treatment sessions and no documentation demonstrating objective functional improvement. The guidelines recommend a three - four visit acupuncture clinical trial. The treating provider is requesting acupuncture six sessions to the left shoulder. It is unclear whether the injured worker received acupuncture and whether the acupuncture was beneficial. There is no documentation demonstrating objective functional improvement. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement from prior acupuncture 3-4 years prior and a request for six acupuncture sessions in excess of the recommended 3-4 visit acupuncture trial, acupuncture one time per week times six weeks to the right shoulder is not medically necessary.