MAXIMUS Federal Services

Case Number:	CM15-0024006		
Date Assigned:	02/13/2015	Date of Injury:	11/17/2014
Decision Date:	04/06/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/09/2015

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, Washington
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 53-year-old female who reported injury on 11/17/2014. The mechanism of injury was cumulative trauma. Prior treatments included rest, medication, ice, chiropractic care for the neck and shoulder, stretching, and work modifications. The injured worker had received 4 sessions of physical therapy as of 12/04/2014 which did not help. The injured worker had a wrist brace. The injured worker was given a cortisone injection in the left hand, which did not help. The medications were noted to include naproxen sodium, Mobic, Detrol, Flonase, Medrol cream, and vitamins. The injured worker underwent x-rays of the shoulder. The documentation of 01/09/2015 revealed the injured worker had been treated chiropractically for 20 years by her chiropractic for neck and bilateral shoulder pain. The injured worker had subjective complaints of pain in the neck and bilateral shoulders. The pain in the neck was noted to be increased with keeping her head in 1 position, sitting and looking down, and the pain was relieved with chiropractic treatment, ice packs, and stretching. The injured worker had complaints of pain in the bilateral shoulders increased with staying in 1 position, reaching arms up, grabbing and pulling. The pain was relieved by chiropractic treatment, stretching, and ice. The surgical history was noncontributory. The objective findings of the cervical spine revealed tenderness to palpation over the midline, cervical spine, and bilateral upper trapezius. There were no muscle spasms. The range of motion was limited and painful. The examination of the bilateral shoulders revealed tenderness to palpation over the bilateral upper trapezius. The injured worker had a Neer's, Hawkins, O'Brien's, Jobe's, Speed's, and cross arm test that were equivocal. Range of motion was noted to be limited and painful. The injured worker underwent

radiographs of the cervical spine which revealed evidence of straightening of the normal cervical lordosis, and there were no acute fractures or dislocations. The prevertebral soft tissue shadows were within normal limits. The examination of the shoulders revealed mild diffuse osteopenia with no acute fractures or dislocations. There was type 2 acromion morphology on the left and type 1 on the right. The diagnoses included bilateral impingement syndrome and cervical spine sprain/strain. The physician documented the injured worker would benefit from physical therapy and acupuncture treatments. As such, the request was made for 12 sessions of physical therapy to the cervical spine and bilateral shoulders twice a week for 6 weeks. An additional request was made for 6 sessions of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy twice a week for six weeks for the cervical spine and bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-5, Table 9-3. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back (updated 11/18/14) / Shoulder (updated 10/31/14).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Shoulder Chapter, Physical Therapy, Preface.

Decision rationale: The American College of Occupational and Environmental Medicine indicate that the initial care for injury is nonprescription analgesics, and if treatment response is inadequate, prescribed pharmaceuticals or physical methods may be added. However, they do not address the quantity of sessions. As such secondary guidelines were sought. The Official Disability Guidelines indicate the treatment for impingement syndrome is 10 visits; the treatment for sprains/strains of the neck is 10 visits. However, there should be documentation of a trial of the initial 6 visits to see if the injured worker is moving in a positive direction, no direction, or a negative direction prior to continuing with physical therapy. The clinical documentation submitted for review failed to indicate the injured worker had undergone the initial 6 sessions. It indicated the injured worker underwent an initial 4 sessions. There was a lack of documented benefit from the therapy. The request for 12 sessions of therapy would be excessive. Given the above, the request for physical therapy twice a week for six weeks for the cervical spine and bilateral shoulders is not medically necessary.

Acupuncture once a week for six weeks for the cervical spine and bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints. Decision based on Non-MTUS

Citation Official Disability Guidelines, Neck and Upper Back (updated 11/18/14) / Shoulder (10/31/14).

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend acupuncture as an option when pain medication is reduced or not tolerated, and it is recommended as an adjunct to physical rehabilitation. The time to produce functional improvement is 3 to 6 treatments. The clinical documentation submitted for review failed to support the necessity for physical medicine treatment. There was a lack of documentation indicating the injured worker had pain medication that was reduced or not tolerated. Given the above, and the lack of documentation, the request for acupuncture once a week for six weeks for the cervical spine and bilateral shoulders is not medically necessary.