

<b>Case Number:</b>	CM15-0212584		
<b>Date Assigned:</b>	11/02/2015	<b>Date of Injury:</b>	06/05/2007
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2015

### 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 46 year old female, who sustained an industrial injury on 6-5-2007. The injured worker is undergoing treatment for cervical strain-sprain, cervical desiccation and bulges or protrusions, right shoulder arthroscopic rotator cuff repair and post-operative tendinosis, right shoulder arthroscopic revision, right forearm scar revisions, right index finger and thumb traumatic amputation and surgery, right lower leg vein graft and depression and anxiety. Medical records dated 9-17-2015 indicate the injured worker complains of flare up of neck, right shoulder, right hand and right leg pain. Physical exam dated 9-17-2015 notes cervical, right hand and right shoulder tenderness to palpation with positive Neer's and Hawkin's test. The right thumb and index finger amputation scars are well healed. Treatment to date has included multiple surgeries, therapy and medication. The original utilization review dated 10-2-2015 indicates the request for acupuncture X 6, physical therapy 2X6 and Tramadol 50mg #90 is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture x 6:** 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 injury in June 2007 when, while cleaning a wood machine, she sustained an amputation of her thumb and index finger. She was hospitalized for 30 days and underwent multiple surgical procedures. She also developed neck, head, and right shoulder pain while hospitalized. She underwent a right shoulder arthroscopic subacromial decompression and rotator cuff repair in July 2009. She was seen by the requesting provider in September 2015. She had last been seen two years before in September 2013. She was having neck pain, right shoulder pain, right hand pain with numbness and tingling, and right lower extremity pain where there had been a skin graft. Physical examination findings included right trapezius and levator scapular tenderness. There was right shoulder tenderness with positive impingement testing. She had hypertrophic changes and tenderness over the amputation sites. Recommendations included 12 sessions of physical therapy six acupuncture treatments as an adjunctive treatment for physical therapy. Tramadol 50 mg #90 was prescribed. 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 consistent with guideline recommendations. However, the intent is for these treatments to be an adjunct to the physical therapy treatments that were also requested. The physical therapy treatments being requested are excessive and not medically necessary. For this reason, the acupuncture that was requested is not medically necessary.

**PT 2x6 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 injury in June 2007 when, while cleaning a wood machine, she sustained an amputation of her thumb and index finger. She was hospitalized for 30 days and underwent multiple surgical procedures. She also developed neck, head, and right shoulder pain while hospitalized. She underwent a right shoulder arthroscopic subacromial decompression and rotator cuff repair in July 2009. She was seen by the requesting provider in September 2015. She had last been seen two years before in September 2013. She was having neck pain, right shoulder pain, right hand pain with numbness and tingling, and right lower extremity pain where there had been a skin graft. Physical examination findings included right trapezius and levator scapular tenderness. There was right shoulder tenderness with positive impingement testing. She had hypertrophic changes and tenderness over the amputation sites. Recommendations included 12 sessions of physical therapy six acupuncture treatments as an adjunctive treatment for physical therapy. Tramadol 50 mg #90 was prescribed. 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.

**Tramadol 50 MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

**Decision rationale:** The claimant sustained injury in June 2007 when, while cleaning a wood machine, she sustained an amputation of her thumb and index finger. She was hospitalized for 30 days and underwent multiple surgical procedures. She also developed neck, head, and right shoulder pain while hospitalized. She underwent a right shoulder arthroscopic subacromial decompression and rotator cuff repair in July 2009. She was seen by the requesting provider in September 2015. She had last been seen two years before in September 2013. She was having neck pain, right shoulder pain, right hand pain with numbness and tingling, and right lower extremity pain where there had been a skin graft. Physical examination findings included right trapezius and levator scapular tenderness. There was right shoulder tenderness with positive impingement testing. She had hypertrophic changes and tenderness over the amputation sites. Recommendations included 12 sessions of physical therapy six acupuncture treatments as an adjunctive treatment for physical therapy. Tramadol 50 mg #90 was prescribed. A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. In this case, the claimant had not been seen in two years. A trial of non-opioid analgesic medication and adequate pain assessment including documentation of VAS pain scores is not recorded. For these reasons, the request is not medically necessary.