

Case Number:	CM15-0215515		
Date Assigned:	11/05/2015	Date of Injury:	04/06/2015
Decision Date:	12/28/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/02/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50 year old female, who sustained an industrial injury on 4-6-2015. The injured worker is undergoing treatment for right shoulder adhesive capsulitis, incomplete rotator cuff tear and cervical and thoracic strain-sprain. Medical records dated 10-6-2015 indicate the injured worker complains of increased right shoulder pain with compensation causing progressive neck and back pain. She indicates pain increased to the point she went to the emergency department and was treated with valium and Norco. She rates the pain 8-9 out of 10. She reports she stopped going to physical therapy when she developed neck and upper back pain. Physical exam dated 10-6-2015 notes cervical, thoracic paraspinal and parascapular tenderness to palpation with decreased cervical and shoulder range of motion (ROM). Treatment to date has included physical therapy, activity alteration and medication. The treating physician indicates cervical X-rays done on 10-6-2015 show mild degenerative cervical changes. The original utilization review dated 10-21-2015 indicates the request for magnetic resonance imaging (MRI) of the cervical spine is certified and physical therapy 2 X 4 for the cervical spine and right shoulder, acupuncture 2 X 3 for the cervical spine and acupuncture 2 X 3 for the right shoulder is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 4 weeks to cervical spine and 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: The patient presents with right shoulder and neck pain. The request is for physical therapy 2 times a week for 4 weeks to cervical spine and right shoulder. The request for authorization form is not provided. MRI of the cervical spine, 11/03/15, shows mild multilevel degenerative changes of the cervical spine. Patient's diagnoses include adhesive capsulitis RIGHT shoulder; cervicothoracic sprain/strain; rule out cervical radiculopathy left upper extremity. Physical examination of the RIGHT shoulder reveals minimal subacromial tenderness. Her range of motion is very tight at the limits of motion in all directions. She has mild pain at the limits of motion in all directions. Exam of cervical spine reveals minimal tenderness over the cervical paraspinal muscles. Mild neck pain at the limits of motion. No radicular pain. She says that she is doing a home exercise program on a regular basis. Patient's medications include Naproxen and Zanaflex. Per progress report dated 11/10/15, the patient is on modified work duties. MTUS, Physical Medicine Section, pages 98, 99 states: "Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Treater does not discuss the request. Given the patient's condition, a short course of Physical Therapy would appear to be indicated. However, per progress report dated 06/11/15, treater states, "she participates in Physical therapy 5 out of 6 sessions." The request for 8 additional sessions of Physical Therapy would exceed what is recommended by MTUS guidelines for non post-op conditions. Additionally, the treater does not discuss or explain why the patient cannot transition into a home exercise program. Therefore, the request is not medically necessary.

Acupuncture 2 times a week for 3 weeks to cervical spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The patient presents with right shoulder and neck pain. The request is for acupuncture 2 times a week for 3 weeks to cervical spine. The request for authorization form is not provided. MRI of the cervical spine, 11/03/15, shows mild multilevel degenerative changes of the cervical spine. Patient's diagnoses include adhesive capsulitis right shoulder; cervicothoracic sprain/strain; rule out cervical radiculopathy left upper extremity. Physical examination of the RIGHT shoulder reveals minimal subacromial tenderness. Her range of motion is very tight at the limits of motion in all directions. She has mild pain at the limits of motion in all directions. Exam of cervical spine reveals minimal tenderness over the cervical paraspinal muscles. Mild neck pain at the limits of motion. No radicular pain. She says that she

is doing a home exercise program on a regular basis. Patient's medications include Naproxen and Zanaflex. Per progress report dated 11/10/15, the patient is on modified work duties. MTUS, Acupuncture Medical Treatment Section, pg. 13 of 127 states: " (i) Time to produce functional improvement: 3 to 6 treatments (ii) Frequency: 1 to 3 times per week (iii) Optimum duration: 1 to 2 months. (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." Treater does not discuss the request. Review of provided medical records show no evidence of prior Acupuncture treatments. In this case, the patient continues with right shoulder and neck pain. Given the patient's condition, a trial of Acupuncture would be indicated by MTUS guidelines, and up to 6 treatments to produce functional improvement is supported. Therefore, the request is medically necessary.

Acupuncture 2 times a week for 3 weeks to 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 patient presents with right shoulder and neck pain. The request is for acupuncture 2 times a week for 3 weeks to right shoulder. The request for authorization form is not provided. MRI of the cervical spine, 11/03/15, shows mild multilevel degenerative changes of the cervical spine. Patient's diagnoses include adhesive capsulitis right shoulder; cervicothoracic sprain/strain; rule out cervical radiculopathy left upper extremity. Physical examination of the right shoulder reveals minimal subacromial tenderness. Her range of motion is very tight at the limits of motion in all directions. She has mild pain at the limits of motion in all directions. Exam of cervical spine reveals minimal tenderness over the cervical paraspinal muscles. Mild neck pain at the limits of motion. No radicular pain. She says that she is doing a home exercise program on a regular basis. Patient's medications include Naproxen and Zanaflex. Per progress report dated 11/10/15, the patient is on modified work duties. MTUS, Acupuncture Medical Treatment Section, pg. 13 of 127 states: "(i) Time to produce functional improvement: 3 to 6 treatments (ii) Frequency: 1 to 3 times per week (iii) Optimum duration: 1 to 2 months. (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." Treater does not discuss the request. Review of provided medical records show no evidence of prior Acupuncture treatments. In this case, the patient continues with right shoulder and neck pain. Given the patient's condition, a trial of Acupuncture would be indicated by MTUS guidelines, and up to 6 treatments to produce functional improvement is supported. However, the patient has already been authorized for 6 treatments of Acupuncture. Therefore, the request is not medically necessary.