MAXIMUS Federal Services

Case Number:	CM15-0223548		
Date Assigned:	11/19/2015	Date of Injury:	10/23/2009
Decision Date:	12/31/2015	UR Denial Date:	11/03/2015
Priority:	Standard	Application Received:	11/13/2015

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 59-year-old female, who sustained an industrial injury on 10/23/2009. Diagnoses include status post right rotator cuff repair on 9-11-14. Treatments to date include activity modification, anti-inflammatory, at least 12 physical therapy sessions, and at least 8 acupuncture treatments, and cortisone injection to the left shoulder joint without relief. The records indicated ongoing bilateral shoulder complaints with right shoulder surgery completed on 9-11-14, and a left shoulder surgery being discussed. A provider letter dated 5-29-15, documented six initial physical therapy sessions were completed post-operatively for the right shoulder. The records indicated as of 2-18-15, nineteen (19) physical therapy sessions for the right shoulder had been completed and after an extended time without therapy, and an additional 10 physical therapy sessions were completed by 8-12-15. The records also indicated 8 acupuncture sessions were approved and completed. On 9-10-15, she complained of left shoulder pain rated 7 out of 10 VAS. Pain was relieved with Ibuprofen, acupuncture treatments, and TENS use. The physical examination documented cervical tenderness and muscle spasms. The right shoulder was noted to have painful range of motion. The left shoulder was tender to palpation, positive Hawkins and Neer tests and had limited range of motion. Decreased strength was noted to bilateral upper extremities. The records indicated acupuncture treatments were approved and pending scheduling. The plan of care included six additional physical therapy sessions. At re-evaluation on 10-16-15, the subjective and objective findings were unchanged. The provider documented prior acupuncture treatments and prior physical therapy sessions increased range of motion and decreased pain. The plan included additional physical therapy and

acupuncture sessions for the right shoulder and neck. The appeal requested authorization for six physical therapy sessions and six acupuncture treatment sessions for the right shoulder and neck. The Utilization Review dated 11-3-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) physical therapy visits, right shoulder and neck: 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 on 10/16/15 with neck and right shoulder pain rated 8/10. The patient's date of injury is 10/23/09. The request is for SIX (6) PHYSICAL THERAPY VISITS, RIGHT SHOULDER AND NECK. The RFA is dated 11/10/15. Physical examination dated 10/16/15 reveals restricted cervical range of motion in all planes, tenderness to palpation of the paracervical muscles and spinous processes from C4 through C6, and positive cervical facet loading on the right. Bilateral shoulder examination reveals restricted range of motion secondary to pain, positive Hawkin's test, tenderness to palpation over the AC joint, coracoid process, and glenohumeral joint. The provider also notes positive Neer's test in the left shoulder and decreased sensation in the left lateral forearm and little finger of the left hand. The patient is currently prescribed Ibuprofen, Omeprazole, and Tylenol ER. Patient is currently working with modified duties. MTUS Guidelines, Physical Medicine Section, pages 98, 99 has the following: "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." About the 6 physical therapy sessions for this patient's ongoing right shoulder and cervical spine pain, the provider has exceeded guideline recommendations. Per the documentation provided, this patient recently completed a course of 10 physical therapy sessions as of 08/12/15. For chronic pain complaints, MTUS guidelines support 8-10 physical therapy treatments. The request for 6 treatments in addition to the 10 already completed exceeds these recommendations and cannot be substantiated. It is not clear why this patient is unable to transition to home-based/self-directed therapy, either. Therefore, the request IS NOT medically necessary.

Six (6) acupuncture visits, right shoulder and neck: 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 on 10/16/15 with neck and right shoulder pain rated 8/10. The patient's date of injury is 10/23/09. The request is for SIX (6) ACUPUNCTURE

VISITS, RIGHT SHOULDER AND NECK. The RFA is dated 11/10/15. Physical examination dated 10/16/15 reveals restricted cervical range of motion in all planes, tenderness to palpation of the paracervical muscles and spinous processes from C4 through C6, and positive cervical facet loading on the right. Bilateral shoulder examination reveals restricted range of motion secondary to pain, positive Hawkin's test, tenderness to palpation over the AC joint, coracoid process, and glenohumeral joint. The provider also notes positive Neer's test in the left shoulder and decreased sensation in the left lateral forearm and little finger of the left hand. The patient is currently prescribed Ibuprofen, Omeprazole, and Tylenol ER. Patient is currently working with modified duties. MTUS Guidelines Acupuncture section, page 13 states: See Section 9792.24.1 of the California Code of Regulations, Title 8, under the Special Topics section... This section addresses the use of acupuncture for chronic pain in the worker’s compensation system in California. The MTUS/Acupuncture Medical Treatment Guidelines (Effective 7/18/09) state that there should be some evidence of functional improvement within the first 3-6 treatments. The guidelines state if there is functional improvement, then the treatment can be extended. About the 6 sessions of acupuncture for this patient's ongoing pain, the request is appropriate. This patient recently completed a series of 6 acupuncture sessions directed at these complaints, with fewer flare ups, reduced pain, and increased activities of daily living noted in the subsequent reports. MTUS guidelines support acupuncture as a conservative option for 3-6 treatments initially, with additional sessions contingent upon improvements. In this case, the patient exhibits a high level of functionality as she has returned to work, and appears to have decreased pain and flare ups attributed to previous acupuncture treatments. Given this patient's chronic pain complaints, the efficacy of past treatments, and demonstrated functional improvements; an additional 6 sessions falls within guideline recommendations and could produce further benefits. Therefore, the request IS medically necessary.