

Case Number:	CM15-0045152		
Date Assigned:	03/17/2015	Date of Injury:	01/28/2014
Decision Date:	04/20/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/10/2015

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 52-year-old male, who sustained an industrial injury on 1/28/2014. He reported a fall on his back, with left upper extremity under trunk. The injured worker was diagnosed as having sprains and strains of unspecified site of shoulder and upper arm and Sprains and strains of unspecified site of elbow and forearm. Treatment to date has included conservative measures, including diagnostics, physical therapy, cortisone injections, and medications. A recent magnetic resonance imaging of the left shoulder was referenced as positive for rotator cuff tear and retraction of supraspinatus and infraspinatus tendons. Currently, the injured worker complains of stress, anxiety, sleep disturbance, depression, and sexual problems. Right hand dominance was noted. Physical exam noted elevated blood pressure, with attempts at dietary modification. Likely causes were documented as pain, stress, and deconditioning. His height was documented as 64 inches and weight was 201.5 pounds. A surgical consultation report for the left shoulder, dated 1/12/2015, was referenced. Shoulder pain continued, rated 4/10, and preparation for noted. The treatment plan included post-operative physical therapy, post-operative acupuncture, and Solar Care Infrared heating system for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Solar care infrared heating system for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Thermotherapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Thermal therapy.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, solar care infrared heating system left shoulder is not medically necessary. The guidelines state there is no high-grade scientific evidence supports the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical stimulation (TENS) and biofeedback. The palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living. Thermal therapy is under study. For several physical therapy interventions and indications, there was a lack of evidence regarding efficacy. Infrared therapy in the treatment of back pain is not recommended over other heat therapies. In this case, the injured worker's working diagnosis is persistent symptomatic retracted rotator cuff tear, impingement syndrome and distal clavicle arthrosis left shoulder. The progress note documentation from January 12, 2015 does not contain a clinical entry requesting a solar care infrared heating system. There is no clinical indication or rationale in the medical record for the solar care infrared heating system. Moreover, the guidelines provide no high-grade scientific evidence that supports the effectiveness or ineffectiveness of passive physical modalities such as heat cold applications. Consequently, absent clinical documentation based on absent documentation with a clinical indication and rationale for solar care infrared heating system in addition to guideline non-recommendations based on peer-reviewed evidence, solar care infrared heating system left shoulder is not medically necessary.

12 post-operative acupuncture sessions for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Acupuncture.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Acupuncture.

Decision rationale: Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, postoperative acupuncture sessions left shoulder 12 visits are not medically necessary. Acupuncture is recommended for rotator cuff tendinitis, frozen shoulder, subacromial impingement syndrome and rehabilitation following surgery. The Official Disability Guidelines provide for an initial trial of 3 to 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 persistent symptomatic retracted rotator cuff tear, impingement syndrome and distal clavicle arthrosis left shoulder. The requesting physician ordered 12 postoperative acupuncture sessions. The guidelines recommend 3 to 4 visits over two weeks. With evidence of objective functional improvement total of up to 8 to 12 visits may be indicated. The initial evaluation consists of 3 to 4 visits. The treating physician exceeded the recommended guidelines in requesting 12 visits. Additionally, a formal physical therapy evaluation with physical therapy should precede acupuncture. Consequently, absent compelling clinical documentation with 3 to 4 visits acupuncture over two weeks with functional improvement, 12 sessions acupuncture to the left shoulder postoperatively or not medically necessary.