

<b>Case Number:</b>	CM15-0045667		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	12/11/2013
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 44-year-old female, who sustained an industrial injury on 12/11/13. She has reported a shoulder injury. The mechanism of injury was not noted. The diagnoses have included joint derangement of shoulder, other affections of shoulder region, sprain/strain of the subscapularis, brachial neuritis/radiculitis, and cervical degenerative disc disease (DDD). Treatment to date has included medications, injections, extended rehabilitation with physical therapy and acupuncture consisting of 48 treatments combined, diagnostics and medications. Surgery included right shoulder surgery with tendon repair with complication of arthrofibrosis. Currently, as per the physician progress note dated 2/23/15, the injured worker complains of exacerbations of pain in the neck and posterior aspect of the right shoulder 4/4/14 from working limited duty with prolonged computer work and slumping forward. The current medications included Flexeril, Soma, Naprosyn, Omeprazole, Norco and Tramadol. She was not able to tolerate Gabapentin. The Magnetic Resonance Imaging (MRI) of the cervical spine dated 2/5/15 revealed considerable fusion, stenosis with disc bulge and osteophytes with possible compression of the exiting left C4 nerve root. She has received acupuncture and physical therapy in the past, which were helpful and beneficial. Physical exam of the cervical spine revealed positive Spurling test with pain radiating into the trapezii area with rotation and extension and numerous tight areas in the right trapezius. It was noted by the physician that with the Magnetic Resonance Imaging (MRI) findings that the neck should be treated aggressively with physical therapy, acupuncture and medications. If this is not helpful then cervical facet injections would be recommended. The Treatment Plan included medications, physical therapy

with Transcutaneous Electrical Nerve Stimulation (TENS) and acupuncture. Work status was working with restrictions.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical therapy 2 x week x 4 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** Physical therapy 2 x week x 4 weeks is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation indicates that the patient has had extensive therapy for her right shoulder but now has neck pain as well. The guidelines recommend up to 10 visits for the shoulder condition and the neck condition. The request is not clear on which body part the therapy is for. The documentation is not clear on objective measurements of functional improvement from prior therapy visits. The patient should be well versed in an independent shoulder exercise program at this point. The request for physical therapy is not medically necessary.

**Acupuncture treatments x 6 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** Acupuncture treatments x 6 visits not medically necessary as written per the MTUS guidelines. The MTUS Acupuncture Medical Treatment Guidelines recommend that the time to produce functional improvements is 3-6 treatments and acupuncture treatments may be extended if functional improvement is documented. The documentation indicates that the patient has had prior acupuncture. The documentation is not clear on objective measurements of functional improvement from prior acupuncture. Continued acupuncture is not medically necessary.