

Case Number:	CM15-0048769		
Date Assigned:	03/20/2015	Date of Injury:	08/16/2010
Decision Date:	05/01/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/16/2015

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 54-year-old female who sustained an industrial injury on 08/16/2010. Current diagnoses include rotator cuff repair, impingement shoulder, bicipital tenosynovitis, de Quervain's tenosynovitis, and myofascial pain/myositis. Previous treatments included medication management, physical therapy, and acupuncture. Report dated 01/19/2015 noted that the injured worker presented with complaints that included pain in the right wrist, right elbow, and right shoulder. Pain level was rated as 8 out of 10 on the visual analog scale (VAS). Current medications include Vicodine, Quazepam, and Omeprazole. Physical examination was positive for abnormal findings. The treatment plan included requests for acupuncture and physical therapy for the right shoulder. The physician noted that the request for acupuncture is to reduce the injured worker's ongoing symptoms of functional limitations, limit chronic pain developments, minimize symptoms, and improve muscle function, including increased cervical mobility.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x5 for the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture 2x5 for the right shoulder is not medically necessary per the MTUS Acupuncture Medical Treatment Guidelines. The MTUS guidelines state that the time to produce functional improvement is 3 to 6 treatments. The documentation indicates that the patient has had 8 sessions approved already without significant evidence of functional improvement as defined by the MTUS. The request for additional acupuncture is not medically necessary.

Physical therapy 2x5 on the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy Guidelines.

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

Decision rationale: Physical therapy 2x5 on the right shoulder is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends supervised physical medicine with the goal of transitioning to an independent home exercise program. The documentation indicates that the patient had 10 PT sessions approved on 10/21/14 after right shoulder surgery. The documentation does not indicate evidence of functional improvement from prior sessions of physical therapy that would justify continued therapy. The request for physical therapy for the right shoulder is not medically necessary.