

<b>Case Number:</b>	CM15-0052370		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	02/27/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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 64 year old male, who sustained an industrial injury on 2/27/13. The original injury and complaints were not documented in the medical documentation submitted. The injured worker was diagnosed as having right glenoid labrum tear; impingement syndrome right shoulder. Treatment to date has included acupuncture; physical therapy; injections; MRI right shoulder (1/22/15); medications. Currently, per the PR-2 notes dated 2/11/15 and 3/11/15, the injured worker was in the office as a follow-up of the right shoulder pain. The notes report the injured worker has not been taking any medications and the right shoulder MRI confirmed a glenoid labrum tear. The provider has requested an orthopedic consult for a second opinion. The provider offered a steroid injection, but the injured worker declined due to prior experience of right arm going numb and spasms. He is to continue with home exercise per the physical therapist. The provider has requested acupuncture times 6 for right shoulder (over 3 weeks) and physical therapy times 6 visits for right shoulder (over 3 weeks).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture times 6 for right shoulder (over 3 weeks): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. 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, acupuncture times six sessions right shoulder (over three weeks) is not medically necessary. Acupuncture is not recommended for acute low back pain. Acupuncture is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. The Official Disability Guidelines provide for an initial trial of 3-4 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 right glenoid labrum tear. The documentation in the medical record states the injured worker has not started acupuncture treatment to date. The treatment plan states will start acupuncture per plan of care. The utilization review indicates six acupuncture sessions were previously authorized. The guidelines recommend an initial trial of 3-4 visits over two weeks. With evidence of objective functional improvement, a total of 8 to 12 acupuncture visits may be indicated. The injured worker has not started acupuncture at this point and, as a result, additional acupuncture times six to the right shoulder is not medically necessary. Consequently, absent clinical documentation with objective functional improvement of prior acupuncture treatment, acupuncture times six sessions to the right shoulder (over three weeks) is not medically necessary.

**Physical therapy times 6 visits for right shoulder (over 3 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, physical therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy six sessions right shoulder (over three weeks) is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured workers working diagnosis is right glenoid labrum tear. Pursuant to a March 11, 2015 progress note, the diagnosis indicates the injured worker is functionally improved, not taking any opiate pain medications and is engaged in a home exercise program. Under the subjective section, the documentation indicates the injured worker reports better range of motion and less pain after three out of six physical therapy sessions. When treatment duration and/or number of visits exceeded the

guideline, exceptional factors should be noted. There are no compelling clinical facts in the medical record to warrant additional physical therapy. The injured worker is engaged in a home exercise program and is functionally improved. Additionally, the total number of physical therapy sessions to date is not present in the medical record. Consequently, absent compelling clinical documentation with a clinical indication or rationale for additional physical therapy, physical therapy successions to the right shoulder are not medically necessary.