

Case Number:	CM15-0077399		
Date Assigned:	04/28/2015	Date of Injury:	07/12/2014
Decision Date:	09/02/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	04/23/2015

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, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 35 year old male who reported an industrial injury on 7-12-2014. His diagnoses, and or impression, were noted to include: right shoulder tendinitis-impingement. No current imaging studies were noted. His treatments were noted to include heat-cold therapy; chiropractic manipulation; electrical stimulation; cortisone injections to the right shoulder; medication management; and rest from work. The progress notes of 1-17-2015 reported a follow-up evaluation for complaints of unchanged, severe, continuous and radiating right shoulder pain into the chest, exacerbated by reaching, and alleviated by medication and electrical stimulation. Objective findings were noted to include obesity; tenderness to the right shoulder with positive empty can, drop arm, Hawkins, apprehension and yergason tests, and positive sulcus sign; and almost full right shoulder range-of motion but with stiffness, pain and swelling. The physician's requests for treatments were noted to include acupuncture, physical therapy for the right shoulder, and a right shoulder injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. While it is noted that a short trial of acupuncture is supported for chronic pain, the current request for exceeds the 6-visit trial recommended by guidelines and, unfortunately, there is no provision to modify the current request. As such, the currently requested acupuncture is not medically necessary.

Right Shoulder Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

Decision rationale: Regarding the request for shoulder injection, Chronic Pain Medical Treatment Guidelines support the use of a subacromial injection if pain with elevation significantly limits activity following failure of conservative treatment for 2 or 3 weeks. They go on to recommend the total number of injections should be limited to 3 per episode, allowing for assessment of benefits between injections. Within the documentation available for review, there is no indication of significant pain relief and functional improvement from prior injections to support the medical necessity of additional injections. As such, the currently requested shoulder injection is not medically necessary.

Physical Therapy x 8 to the Right Shoulder: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Physical Medicine.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course (10 sessions) of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement

levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, the patient is noted to have ongoing pain with positive exam findings and there is no documentation of prior therapy. Therefore, a short course of PT appears appropriate. In light of the above, the currently requested physical therapy is medically necessary.