

Case Number:	CM15-0088206		
Date Assigned:	05/12/2015	Date of Injury:	08/24/2014
Decision Date:	06/29/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/07/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 40-year-old male, with a reported date of injury of 06/24/2014. The diagnoses include left shoulder contusion/tendinitis/impingement with restricted range of motion. Treatments to date have included x-rays of the left shoulder on 07/01/2014 with normal findings and oral medications with no improvement. The medical report from which the request originates was not included in the medical records provided for review. The initial comprehensive orthopaedic evaluation dated 07/22/2014 indicates that the injured worker complained of constant left shoulder pain with restricted range of motion. There was a popping in the shoulder with movements. It was noted that the injured worker could not raise his arm due to the pain. His left arm and hand felt weak. The injured worker rated his pain 3 out of 10 that increased to 7 out of 10. The physical examination showed decreased left shoulder range of motion with significant pain; positive impingement test in the internal and external rotation; normal range of motion of the elbows/forearms/wrists; tenderness to palpation of the left rotator cuff, left bicipital groove, and left acromioclavicular joint; and tenderness to palpation over the trapezius and supraspinatus muscle located on the left upper shoulder area with myospasm. The treating physician requested physical therapy two times a week for six weeks for the left shoulder and acupuncture two times a week for six weeks for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the left shoulder (2x6): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

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

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.

Acupuncture to the left shoulder (2x6): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS recommends acupuncture as an option to facilitate functional recovery. This guideline recommends up to 6 initial treatments, with an optimum duration of 1 to 2 months. The request exceeds the guidelines for initial acupuncture treatment and there is no documentation of prior acupuncture with functional improvement to support a rationale for continued treatment. Thus the request is not medically necessary.