

Case Number:	CM14-0118848		
Date Assigned:	08/06/2014	Date of Injury:	08/22/2013
Decision Date:	10/08/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/29/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 32-year-old female who reported an injury on 08/22/2013 while doing her customary duties at work. The injured worker complained of right shoulder and right elbow pain with a diagnosis of right shoulder sprain/strain and right elbow sprain/strain. Diagnostics included an x-ray and an MRI of the elbow. Past treatments included medication and physical therapy along with cold therapy and heat therapy. The objective findings dated 06/18/2014 of the right shoulder revealed no bruising, swelling, or atrophy or lesions. Tenderness to palpation to the anterior and posterior shoulder with muscle spasms noted to the anterior. Supraspinatus press was positive. No prior surgeries noted. Medications included naproxen 550 mg, omeprazole 20 mg, and Condrolite 500/200/150 mg. No VAS (visual analog scale) was provided. The treatment plan included physical therapy to the right shoulder and elbow with paraffin bath, massage therapy, ultrasound, diathermy, and electrical stimulation. The Request for Authorization dated 08/06/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy and Acupuncture 1-2 x 4 right shoulder and elbow with paraffin bath, massage therapy, ultrasound, diathermy and electrical stimulation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Chronic Pain Medical Treatment Guidelines Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Massage therapy Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Thermotherapy

Decision rationale: The request for physical therapy and acupuncture 1 to 2 times 4 right shoulder and elbow with paraffin bath, massage therapy, ultrasound, diathermy, and electrical stimulation is not medically necessary. The California MTUS Guidelines indicate that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture with electrical stimulation" is the use of electrical current (microamperage or milli-amperage) on the needles at the acupuncture site. It is used to increase effectiveness of the needles by continuous stimulation of the acupoint. Physiological effects (depending on location and settings) can include endorphin release for pain relief, reduction of inflammation, increased blood circulation, analgesia through interruption of pain stimulus, and muscle relaxation. It is indicated to treat chronic pain conditions, radiating pain along a nerve pathway, muscle spasm, inflammation, scar tissue pain, and pain located in multiple sites. Massage is a passive intervention and treatment dependence should be avoided. The Official Disability Guidelines indicate that Thermotherapy is under study. For several physical therapy interventions and indications (eg, thermotherapy using heat, therapeutic exercise, massage, electrical stimulation, mechanical traction), there was a lack of evidence regarding efficacy. The documentation indicates that the injured worker was currently in physical therapy. The guidelines indicate that acupuncture should be initiated after medication is reduced or not tolerated. The clinical notes did not indicate that the medication was not being tolerated. As such, the request is not medically necessary.