

Case Number:	CM14-0124081		
Date Assigned:	08/08/2014	Date of Injury:	01/11/2013
Decision Date:	09/26/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	08/06/2014

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 & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 64 year old male with an injury date of 01/11/13. Based on 06/09/14 progress report provided by [REDACTED], the patient complains of pain in back, neck and right shoulder. Neck pain is rated 8/10, upper and lower back 8/10 and shoulder 8/10 on a pain scale. Physical Examination 06/09/14 Cervical Spine. There is moderate paraspinal tenderness to palpation. Range of motion is normal but is limited by pain. Lumbar Spine There is moderate paraspinal tenderness to palpation. Range of motion is decreased, especially extension 15 degrees. Diagnosis: Intervertebral disc disorder with myelopathy cervical region C4-5- Intervertebral disc .disorder with myelopathy lumbar region Ll-2- Right shoulder sprain/strain. Status post right shoulder surgery 01/11/13- Status post rotator cuff reattachment with marked irregularity of the rotator cuff tendons. partial tear with tendinitis [REDACTED] is requesting; orthopedic Consult, Physical Therapy twice a week for 6 weeks 3 and Acupuncture, twice a week for 4 weeks. The utilization review determination being challenged is dated 06/27/14. The rationale is: 1. Orthopedic consult for lumbar and cervical spine and right shoulder, there is no documentation that diagnostic and therapeutic management has been exhausted within the treating physician's scope of practice. 2. Physical Therapy twice a week for 6 weeks (Received 24 prior PT); there is documentation of 24 Physical Therapy sessions, which exceeds Physical Therapy guidelines. 3. Acupuncture twice a week for 4 weeks (Received 6 prior acupuncture), there is no documentation of objective improvement with previous treatment and a rationale for providing concurrent physical modalities. [REDACTED] is the requesting provider, and he provided treatment reports from 01/16/14 - 06/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic consult: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Practice Guidelines, 2nd Edition (2004), Chapter7, page 127.

Decision rationale: The patient complains of pain in back, neck and right shoulder. He is status post right shoulder surgery 01/11/13. The request is for Orthopedic Consult. Post-operative criteria not applied to guideline. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter7, page 127, state "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification." Per guideline and treated report dated 06/09/14, patient may benefit from additional expertise of spinal orthopedist. Therefore, the request of orthopedic consult is medically necessary and appropriate.

Physical Therapy twice a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder Chapter.

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

Decision rationale: The patient complains of pain in back, neck and right shoulder. He is status post right shoulder surgery 01/11/13. The request is for Physical Therapy twice a week for 6 weeks. Post-operative criteria not applied to guideline. MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Utilization review letter states patient has had 24 physical therapy visits. The time-frame is not known. In this case, the patient appears to have had adequate therapy in the past. The treater does not explain why additional therapy is needed at this point. The requested 12 sessions exceeds what is allowed by MTUS. The request of 36 sessions exceeds what is allowed per MTUS. Therefore, the request of Physical Therapy twice a week for 6 weeks is not medically necessary and appropriate.

Acupuncture twice a week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Acupuncture for Neck and Low back Pain.

Decision rationale: The patient complains of pain in back, neck and right shoulder. He is status post right shoulder surgery 01/11/13. The request is for Acupuncture twice a week for 4 weeks. Post-operative criteria not applied to guideline. MTUS allows for a trial of acupuncture up to 6 sessions and more if functional improvement is demonstrated. Utilization review letter states patient has had 6 acupuncture visits. The treater does not discuss what functional benefit the patient has had. Labor code 9792.20(e) defines functional improvement as significant improvement in ADL's (Activities of Daily Living) or change in work status and decreased dependence on medical treatments. Such documentation is not provided following the initial acupuncture treatment trial. Therefore, the request of acupuncture twice a week for 4 weeks is not medically necessary and appropriate.