

Case Number:	CM14-0087604		
Date Assigned:	07/23/2014	Date of Injury:	07/30/2013
Decision Date:	09/22/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/11/2014

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 is licensed to practice in Illinois. 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 39-year-old female with a reported date of injury on 07/30/2013. The injury reportedly occurred when the injured worker was in the process of making a bed and as soon as she threw a sheet on the mattress her shoulder snapped. Her diagnoses were noted to include cervical degenerative disc disease, left shoulder impingement syndrome, and rule out axillary nerve injury. Her previous treatments were noted to include physical therapy and medications. The progress note dated 03/18/2014 revealed complaints of pain. The injured worker was diagnosed with shoulder sprain/strain and was given medication and therapy. The injured worker underwent shoulder surgery, but still did not have any significant improvement in pain. The injured worker complained of moderate discomfort and pain to the left shoulder with limited range of motion. The physical examination of the cervical spine revealed full range of motion and the injured worker did not complain of increasing pain toward the terminal range of motion. There was no paraspinal musculature with tenderness to palpation. There were negative Spurling's and Adson's tests. The physical examination of the shoulder noted the left shoulder to have decreased range of motion. There was pain noted towards the terminal range of motion to the left shoulder and a positive Hawkins. The progress note dated 04/11/2014 revealed complaints of neck and left shoulder pain. The injured worker was status post physical therapy which did not help. The physical examination revealed limited range of motion to the neck from pain; there was a positive Hawkins sign. There was a positive bilateral facet loading sign. The upper extremities had strength rated 5/5 and a diminished response to pinprick in the left axillary nerve area. The lower extremities motor strength was rated 5/5 and a normal pinprick sensation was noted in the bilateral lower extremities. The provider recommended physical therapy, acupuncture, and massage. The request for authorization form was not submitted within the medical records. The request was for physical therapy to the left shoulder and cervical spine 2

times a week for 5 weeks, acupuncture to the left shoulder and cervical spine 2 times a week for 5 weeks, and massage to the left shoulder and cervical spine 2 times a week for 5 weeks; however, the provider's rationale was not submitted within the medical records.

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 and cervical spine, two (2) times weekly for five (5) weeks: Upheld

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

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

Decision rationale: The injured worker has received previous physical therapy sessions. The California Chronic Pain Medical Treatment Guidelines recommend active therapy be based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by an individual to complete a specific exercise or task. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The guidelines recommend for myalgia and myositis 9 to 10 visits over 8 weeks. The documentation provided indicated a decreased range of motion; however, there is a lack of documentation regarding quantifiable objective functional improvement with previous physical therapy sessions, as well as number of sessions completed. Additionally, the request for 10 sessions of physical therapy exceeds guideline recommendations. Therefore, the request is not medically necessary.

Acupuncture to the left shoulder and cervical spine, two (2) times weekly for five (5) weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The injured worker was approved for previous acupuncture sessions. The acupuncture Medical Treatment Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated and it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The guidelines state time to produce functional improvement is 3 to 6 treatments, with the frequency of 1 to 3 times per week with the optimum duration of 1 to 2 times per month.

Acupuncture treatments may be extended if functional improvement is documented. There is a lack of documentation regarding functional improvement from previous acupuncture therapy sessions and the request for 10 sessions of acupuncture exceeds guideline recommendations. Therefore, the request is not medically necessary.

Massage to the left shoulder and cervical spine, two (2) times weekly for five (5) weeks:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

Decision rationale: The injured worker complains of chronic neck and shoulder pain. The California Chronic Pain Medical Treatment Guidelines state massage therapy should be an adjunct to other recommended treatments such as exercise and it should be limited to 4 to 6 visits in most cases. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects are registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. This lack of long-term benefits could be due to the short treatments periods where treatments such as these do not address the underlying causes of pain. A very small case studies showed that massage could be at least as effective as standard medical care in chronic pain syndromes. The strongest evidence for benefits of massage is for stress and anxiety reduction, although research for pain control and management of other symptoms, including pain, is promising. Massage is an effective adjunct treatment to relieve acute postoperative pain in patients who have had major surgery. There is a lack of documentation regarding using massage therapy in adjunct with exercise. The guidelines do not recommend passive modalities. Additionally, the request for 10 sessions exceeds guideline recommendations. Therefore, the request is not medically necessary.