

Case Number:	CM14-0092810		
Date Assigned:	07/25/2014	Date of Injury:	11/28/2013
Decision Date:	09/03/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/18/2014

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 47-year-old female who reported an injury on 11/28/2013. The mechanism of injury was not stated. The current diagnosis is left shoulder impingement. The injured worker was evaluated on 01/29/2014 with complaints of 5/10 left shoulder pain. It is noted that the injured worker has completed 6 sessions of physical therapy. While the injured worker noted an improvement in range of motion, she continued to report pain in the left shoulder and upper back. Physical examination revealed no acute distress, tenderness to palpation, 160 degree flexion, 50 degree extension, 60 degree internal and external rotation, 160 degree abduction, 50 degree adduction, and 4/5 strength with positive impingement sign. Treatment recommendations included a corticosteroid injection and additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines- shoulder chapter.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention. The time to produce functional improvement includes 3 to 6 treatments. There is no specific body part listed in the current request. Therefore, the request is not medically necessary and appropriate.

Physical Therapy 2x6 weeks- left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(Official Disability Guidelines- shoulder chapter.

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

Decision rationale: California MTUS Guidelines state active therapy is 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. As per the documentation submitted, the injured worker has previously participated in physical therapy for the left shoulder. However, there was no documentation of the previous course of treatment with evidence of objective functional improvement. Therefore, the current request cannot be determined as medically necessary and appropriate.