

Case Number:	CM14-0094824		
Date Assigned:	07/25/2014	Date of Injury:	10/31/2013
Decision Date:	10/09/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/23/2014

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 Occupational 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:

There were 85 pages for this review. The application for independent medical review was for physical therapy and acupuncture times 12 for the right shoulder. It was signed on June 23, 2014. There was a utilization review from June 10, 2014. The patient has degenerative arthritis. There were no subjective benefits noted from the previous physical therapy and no objective improvement from physical therapy was documented. The patient was felt to be unlikely to benefit long-term from additional therapy rather than definitive surgical treatment. There was no indication that the patient is actively seeking rehabilitation. It is not clear that acupuncture would benefit the patient's arthritis. The patient is described as a 70-year-old right-handed female housekeeper for 40 years. She possibly hit her elbow on the ground and presents with a right shoulder dislocation. She denies numbness or tingling. She was given pain medicine and relaxants and relocated her shoulder without complication. The shoulder x-ray was normal. She was given prescriptions and she was afraid to take them. The shoulder x-ray showed an anterior and inferior dislocation of the right shoulder. The assessment was an inferior anterior close shoulder dislocation and right shoulder and right trapezius pain. The medicines were Motrin and Norco and naproxen. The patient was referred for an MRI to look for traumatic tear and referred to orthopedics for evaluation. The MRI of the right shoulder showed a large transmural tear of the rotator cuff involving the supraspinatus and infraspinatus tendon. There was complete disruption and retraction of the long head of the biceps tendon. The PR-2 noted diagnoses of dislocation of the shoulder and pain of the shoulder region.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right shoulder, twelve (12) sessions: Upheld

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

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

Decision rationale: The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: 1. Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient. Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. 2. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self-actualization. This request for more skilled, monitored therapy was appropriately not medically necessary.

Acupuncture for the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS notes frequency and duration of acupuncture may be up to 6 treatments to confirm functional improvement. Acupuncture treatments may be extended only if true functional improvement is documented as defined in Section 9792.20(f). The true functional outcomes out of previous efforts is not clear. The request was appropriately not medically necessary.