

Case Number:	CM14-0212163		
Date Assigned:	01/28/2015	Date of Injury:	06/13/2014
Decision Date:	02/24/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: North Carolina
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a male worker who noticed a sharp pain in his shoulder blades while at work. He attributed the pain to his repetitive duties as a server. The date of injury was June 13, 2014. Diagnoses included shoulder impingement and ulnar nerve lesion. On November 3, 2014, the injured worker continued to have bilateral shoulder pain as well as restricted range of motion. He stated his pain to be a 7 on a 1-10 pain scale. Physical examination revealed spasm and tenderness to palpation of the paraspinal muscles. There was also tenderness to pressure over the anterior of the right shoulder. Range of motion of the right shoulder was forward flexion 140/180, extension 25/30, internal rotation 50/60, external rotation 50/80, abduction 150/180 and adduction 25/45. The left shoulder range of motion was within normal limits. Treatment modalities included acupuncture and medications. The acupuncture was noted to help with his spasms and tension in his shoulders and bilateral upper extremities. It also helped decrease his inflammation. The medications provided some relief and ability to function. A request was made for acupuncture 3x4 and physical therapy 3x4 for the bilateral upper extremities and cervical spine. On November 25, 2014, utilization review denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of acupuncture, 3 times 4 weeks, for the right shoulder and cervical spine:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines acupuncture.

Decision rationale: The California chronic pain medical treatment guidelines section on acupuncture states: "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. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. 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. Time to produce functional improvement is 3-6 treatments and frequency is 1-3 times per week. The requested amount of session is in excess of the recommendation unless improvement is noted by 3-6 sessions. The treatment were noted to help with spasms and tension in the shoulders and bilateral upper extremities but no objective quantified functional improvement was documented. Therefore the request is not medically necessary.

12 sessions of physical therapy for the right shoulder and cervical spine: Upheld

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

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

Decision rationale: The California chronic pain medical treatment guidelines section on physical medicine states: Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). 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. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing

swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007) Physical Medicine Guidelines Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. 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 Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The requested amount of physical therapy is in excess of California chronic pain medical treatment guidelines. The request is for 12 sessions which is more than the recommended 9-10 sessions. There is no explanation why the patient would need continuing physical therapy and not be transitioned to active self-directed physical medicine. In the absence of such documentation, the request cannot be certified as medically necessary.