

Case Number:	CM14-0217961		
Date Assigned:	01/07/2015	Date of Injury:	03/19/2012
Decision Date:	05/28/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/30/2014

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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 59-year-old female who reported an injury on 03/19/2012. The mechanism of injury was reportedly while carrying a food tray and slipped. Her diagnoses include rotator cuff syndrome. Past treatments were noted to include physiotherapy, home exercise programs, cortisone injection, and epidural steroid injections. On 11/26/2014, it was noted the injured worker had pain in the lumbar spine, neck, left shoulder, bilateral hands, and right knee. She rated her pain 8/10, except to her bilateral hands as 7/10. The medications were not provided for review. Upon physical examination, it was noted the injured worker had decreased range of motion to her left shoulder measuring flexion at 100 degrees, external and internal rotation 85 degrees, and abduction at 150 degrees. The treatment plan was noted to include a follow-up with a surgeon, follow-up with pain management, physiotherapy to lumbar spine and left shoulder, and medications. A request was received for Additional acupuncture 2 x 3 without a rationale. The request for authorization was signed 12/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture 2 x 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for Additional acupuncture 2 x 3 is not medically necessary. According to the California MTUS Guidelines, acupuncture is an option when pain medication is reduced or not tolerated and may be used as an adjunct to physical rehabilitation. The clinical documentation submitted for review indicated the injured worker had decreased range of motion to her left shoulder; however, it was not indicated how previous acupuncture therapy sessions improved her function. Additionally, the request does not specify which body region this is to benefit and it was unclear as to how many sessions she has already participated in. Consequently, the request is not supported. As such, the request for additional acupuncture 2 x 3 is not medically necessary.

Additional therapy/PT 2 x 3 for left shoulder: Upheld

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

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

Decision rationale: The request for Additional therapy/PT 2 x 3 for left shoulder is not medically necessary. According to the California MTUS Guidelines, physical medicine is recommended to restore function such as range of motion and motor strength. The guidelines also indicate that no more than 10 visits should be necessary unless exceptional factors were noted. The clinical documentation submitted for review indicated the injured worker had decreased range of motion to her right shoulder. As the request suggests, the injured worker has participated in previous physical therapy sessions; however, it was not documented how many sessions she participated in and what the outcome of those were. Additionally, there were no exceptional factors to warrant additional sessions of physical therapy. Consequently, the request is not supported. As such, the request for additional therapy/PT 2 x3 for left shoulder is not medically necessary.