

<b>Case Number:</b>	CM15-0008541		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	05/05/2010
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 67-year-old female who reported an injury on 05/05/2010. The mechanism of injury involved a fall. The current diagnoses include thoracic/lumbar spine musculoligamentous injury, thoracic spine radiculitis, lumbar spine radiculitis, right shoulder impingement syndrome, right shoulder adhesive capsulitis, right shoulder trapezial myofascitis, right elbow medial epicondylitis, right hip strain, stress, anxiety, depression, sleep disturbance, fibromyalgia and right shoulder rotator cuff repair with AC arthropathy. The injured worker presented on 12/17/2014 with complaints of pain throughout the entire body. Upon examination of the lumbar spine, there was 25 degree forward flexion, 5 degree extension, 10 to 15 degree right and left lateral flexion, positive tenderness to palpation, spasm and positive straight leg raise. Upon examination of the shoulder, there was 110 degree abduction, 25 degree adduction, 100 degree flexion, 15 degree extension, 70 degree internal rotation , 90 degree external rotation, tenderness to palpation, positive Hawkins sign and 4/5 rotator cuff weakness. There was tenderness to palpation with 4/5 motor weakness in the bilateral elbow as well. Recommendations at that time included physical therapy, acupuncture and continuation of the current medication regimen. A Request for Authorization form was then submitted on 12/22/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture Lumbar 2 Times A Week for 6 Weeks: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** California MTUS Guidelines recommend acupuncture 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. The current request for 12 sessions of acupuncture exceeds guideline recommendations. As such, the request is not medically appropriate.

**Physical Therapy Right Shoulder 2 Times A Week for 6 Weeks: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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. There is no documentation of the previous course of physical therapy with evidence of objective functional improvement. Therefore, additional treatment would not be supported at this time. As such, the request is not medically appropriate.