

Case Number:	CM15-0012828		
Date Assigned:	01/30/2015	Date of Injury:	04/14/2008
Decision Date:	03/26/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/21/2015

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 53-year-old female who reported an injury on 04/18/2008. The mechanism of injury was not provided. She is diagnosed with frozen shoulder, bicipital tenosynovitis, rotator cuff syndrome, and shoulder strain. Her past treatments have included physical therapy, medications, home exercise, and massage. At her followup visit on 12/15/2014, the injured worker's symptoms were noted to include left shoulder pain, rated 4/10. Physical examination revealed decreased range of motion in the left shoulder, and decreased motor strength. Her range of motion was 140 degrees flexion, 140 degrees abduction, 60 degrees internal rotation, and 60 degrees external rotation. Her motor strength could not be tested due to limitations in range of motion of the left shoulder. A recommendation was made for acupuncture, 2 times a week for 5 weeks, and physical therapy, 2 times a week for 5 weeks, to address her functional limitations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 5 weeks for the left shoulder: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines, up to 10 visits of physical therapy are recommended for patients with unspecified myalgia, to promote functional improvement and provide instruction in a home exercise program. The clinical information submitted for review indicated that the injured worker had previous physical therapy since her 2008 injury. However, the number of visits completed and whether there was objective functional improvement was not indicated. Therefore, additional physical therapy is not supported. There was also no documentation indicating why the injured worker's deficits could not be addressed with her home exercise program. For these reasons, the request is not medically necessary.

Acupuncture 2 times a week for 5 weeks for the left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the California MTUS Guidelines, acupuncture may be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease side effects of medications, and promote relaxation. When indicated, a 3 to 6 treatment trial is recommended to produce functional improvement prior to continuing with therapy. The clinical information submitted for review indicated that the injured worker did have significant pain and reduced range of motion. Therefore, a trial of acupuncture treatment would be supported. However, the request for acupuncture, 2 times a week for 5 weeks, exceeds the guideline recommendations of a maximum of 6 visits to produce functional improvement. Therefore, the request is not medically necessary.