

<b>Case Number:</b>	CM15-0117311		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	05/11/2012
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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  
 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 (IW) is a 54-year-old male who sustained an industrial injury on 05/11/2012. Diagnoses include left shoulder sprain/strain status post arthroscopic surgery x two with exacerbation; right shoulder sprain/strain status post arthroscopic surgery x two; right elbow epicondylitis; and bilateral carpal tunnel syndrome. Treatment to date has included medications, physical therapy, injections, nerve blocks and left and right shoulder surgeries. MRI of the right shoulder on 4/16/14 showed evidence of prior acromioplasty; partial-thickness tear of the supraspinatus tendon; mild infraspinatus, subscapularis and intra-articular biceps long head tendinosis; and bursitis. Electrodiagnostic testing of the bilateral upper extremities on 5/30/14 found median neuropathy at both wrists consistent with mild right and borderline left carpal tunnel syndrome. According to the progress notes dated 4/30/15, the IW reported constant numbness and tingling in both hands; the right carpal tunnel injection (CTI) on 4/1/15 helped only two days. He was scheduled for a left CTI on 5/13/15. He also complained of continued bilateral shoulder pain, unchanged since last visit at 6-8/10. He reported pain with popping and increased pain with activity. The provider referred to the orthopedist's recommendations and was in agreement. On examination, tenderness was present over the bilateral shoulders and wrists and there was guarding and stiffness in both arms. The shoulders were painful and weakness was noted with movement; motor strength was 5/5. Hawkin's and Neer's tests were positive bilaterally at the shoulders and Phalen's and Tinel's signs were positive at the bilateral wrists. A request was made for physical therapy for the bilateral shoulders, three times weekly for four weeks (12 sessions) for modalities, range of motion and strengthening exercises;

acupuncture treatment for the bilateral shoulders twice weekly for six weeks (12 sessions); and MR arthrogram of the left shoulder to rule out progressive rotator cuff tear.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Physical therapy bilateral shoulder 3x4 (12 sessions): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

**Decision rationale:** Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical therapy bilateral shoulder 3x4 (12 sessions) is not medically necessary and appropriate.

#### **Acupuncture treatment bilateral shoulder 2x6 (12 sessions): Upheld**

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

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

**Decision rationale:** MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement, not for 12 sessions. It is unclear how many acupuncture sessions the patient has received for this chronic injury nor what functional benefit if any were derived from treatment. Submitted reports have not demonstrated functional improvement or medical indication to support for additional acupuncture sessions. There are no specific objective changes in clinical findings, no report of acute flare-up or new injuries, nor is there any

decrease in medication usage from conservative treatments already rendered. The Acupuncture treatment bilateral shoulder 2x6 (12 sessions) is not medically necessary and appropriate.

**MR arthrogram left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Special Studies and Diagnostic Considerations, page 209.

**Decision rationale:** Per MTUS Treatment Guidelines, criteria for ordering imaging studies are, red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Clinical report does not demonstrate such criteria and without clear specific evidence to support the diagnostic studies, failed conservative trial, demonstrated limited ADL function, acute flare-up, new injury, progressive clinical deterioration or specific surgical lesion, the medical necessity for shoulder MRA has not been established. The MR arthrogram left shoulder is not medically necessary and appropriate.