

<b>Case Number:</b>	CM15-0118570		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	08/18/2013
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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: Massachusetts

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:

This 61-year-old man sustained an industrial injury on 8/18/2013. The mechanism of injury is not detailed. Evaluations include undated abdominal CT scan and bilateral shoulder MRIs. Diagnoses include bilateral shoulder impingement syndrome and inguinal hernia. Treatment has included oral medications. Physician notes on a PR-2 dated 3/31/2015 show complaints of bilateral shoulder pain and pain from a hernia. Recommendations include abdominal MRI, topical creams, acupuncture, deep tissue massage therapy, and follow up in five to six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture treatment 2 times a week for 6 weeks for the bilateral shoulders:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Shoulder Procedure Summary Online Version.

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

**Decision rationale:** The claimant sustained a work injury in August 2013. When seen, he was having frequent bilateral shoulder pain with right-sided tingling. Medications were providing pain relief. Physical examination findings included a BMI of less than 28. There was decreased shoulder range of motion. There was left periumbilical tenderness. The assessment references prior testing as having included an ultrasound and CT scan of the abdomen without evidence of hernia. Authorizations for physical therapy and acupuncture and for an MRI of the abdomen were requested. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented. In this case, the number of treatments is in excess of guideline recommendations and the claimant has already had extensive acupuncture. The request was not medically necessary.

**Physical Therapy 2 times a week for 6 weeks deep tissue massage therapy for the left scapula region shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work injury in August 2013. When seen, he was having frequent bilateral shoulder pain with right-sided tingling. Medications were providing pain relief. Physical examination findings included a BMI of less than 28. There was decreased shoulder range of motion. There was left periumbilical tenderness. The assessment references prior testing as having included an ultrasound and CT scan of the abdomen without evidence of hernia. Authorization for physical therapy and acupuncture and for an MRI of the abdomen was requested. The claimant is being treated for chronic pain with no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended and is not medically necessary. In terms of massage therapy, it should be an adjunct to other recommended treatments such as exercise. Guidelines recommend that it should be limited to 4-6 visits in most cases. In this case, the number of treatment sessions is in excess of guideline recommendations and not medically necessary for this reason as well.

**CT of abdomen for further evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Feldman: Sleisenger & Fordtran's Gastrointestinal and liver disease, 8th ed Chapter 111 - Intestinal Ischemia.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hernia, Imaging and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p13.

**Decision rationale:** The claimant sustained a work injury in August 2013. When seen, he was having frequent bilateral shoulder pain with right-sided tingling. Medications were providing pain relief. Physical examination findings included a BMI of less than 28. There was decreased shoulder range of motion. There was left periumbilical tenderness. The assessment references prior testing as having included an ultrasound and CT scan of the abdomen without evidence of hernia. Authorization for physical therapy and acupuncture and for an MRI of the abdomen was requested. Guidelines recommend against repeated diagnostic testing without indication as it focuses the patient on finding an anatomic abnormality, rather than focusing on maintaining and increasing functional outcomes. Additionally, imaging is not recommended for the assessment of a possible hernia except possibly for surgical planning and in unusual situations such as large complex abdominal wall hernias in an obese patient. In this case, the claimant's BMI is less than 28 and prior testing has been negative. The request is not medically necessary.