

<b>Case Number:</b>	CM15-0128669		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	06/17/2013
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2015

### 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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 52 year old female, who sustained an industrial injury on 6/17/2013. The medical records submitted for this review did not include documentation regarding the initial injury or prior treatments to date. Currently, she complained of waxing and waning pain in the shoulder, elbow, knee and hip. On 5/27/15, the physical examination documented decreased right shoulder range of motion with slightly positive Hawkins and Neer impingement signs. The treating diagnoses included a right shoulder partial tear, right elbow pain, asymptomatic today, right knee meniscus tear, largely asymptomatic, and right hip pain, largely asymptomatic. The plan of care included physical therapy and acupuncture treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) sessions of physical therapy:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98 of 127.

**Decision rationale:** This claimant was injured in 2013 with pain in the shoulder, elbow, knee and hip. As of May 2015, the physical examination documented decreased right shoulder range of motion with slightly positive Hawkins and Neer impingement signs. The treating diagnoses included a right shoulder partial tear, right elbow pain, right knee meniscus tear, largely asymptomatic, and right hip pain, largely asymptomatic. Prior treatments and outcomes are not disclosed; it is not clear what past physical therapy and acupuncture history and/or functional outcomes have been. The plan of care included physical therapy and acupuncture treatment. The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: "Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient". Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self-actualization. Also, it is not clear what clinically would be gained by one session. This request for more skilled, monitored therapy was not medically necessary.

**One (1) sessions of acupuncture with acupressure:** Upheld

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

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

**Decision rationale:** This claimant was injured in 2013 with pain in the shoulder, elbow, knee and hip. As of May 2015, the physical examination documented decreased right shoulder range of motion with slightly positive Hawkins and Neer impingement signs. The treating diagnoses included a right shoulder partial tear, right elbow pain, right knee meniscus tear, largely asymptomatic, and right hip pain, largely asymptomatic. Prior treatments and outcomes are not disclosed; it is not clear what past physical therapy and acupuncture history and/or functional outcomes have been. The plan of care included physical therapy and acupuncture treatment. The MTUS notes frequency and duration of acupuncture or acupuncture may be up to 6 treatments to confirm functional improvement. Acupuncture treatments may be extended only if true functional improvement is documented as defined in Section 9792.20(f). Past acupuncture usage and outcomes is unknown. Also, it is not clear what would be clinically gained from just one session. The session was appropriately non-certified under the MTUS Acupuncture criteria. Therefore, the request was not medically necessary.