

Case Number:	CM15-0128850		
Date Assigned:	07/15/2015	Date of Injury:	03/28/2014
Decision Date:	08/24/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/02/2015

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:

This injured worker is a 61 year old female who reported an industrial injury on 3/28/2014. The history notes 2/12/2010 as another date of injury, with the 11/22/2010 progress notes stating a return to regular work duties and that he should have access to orthopedic consultation, acupuncture and analgesics for the lumbar spine. Her diagnoses, and or impression, were noted to include: cervical neck sprain/strain with cervical degenerative disc disease, rule out radiculopathy; thoracic sprain/strain; left shoulder sprain/strain, rule-out cubital tunnel syndrome; and pain in the upper arm joint. Recent electrodiagnostic studies are noted on 4/13/2015; and magnetic resonance imaging studies of the cervical spine on 4/7/2015. Her treatments were noted to include diagnostic studies; and a return to full duty work. The progress notes of 6/9/2015 reported a return visit for review of electrodiagnostic testing to the upper extremities, and magnetic resonance imaging studies of the cervical spine. Objective findings were noted to include pain/tenderness to the left neck and cervical para-spinal musculature, and painful range-of-motion of the neck. The physician's requests for treatments were noted to include acupuncture and physical therapies for the left shoulder and cervical spine, to see if these are helpful for her.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Left Shoulder, 3 times wkly for 4 wks, 12 sessions: 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: The patient presents with pain in the upper back, medial to the left shoulder blade, and pain in the neck and left arm radiating to the left hand. The request is for physical therapy, left shoulder, 3 times weekly for 4 weeks, 12 sessions. Physical examination to the cervical spine on 06/09/15 revealed tenderness to palpation to the left side of the neck and the left cervical paraspinals, mainly along the medial border of the left scapula. MRI of the cervical spine on 04/07/15 showed multi-level degenerative disc disease with 2 mm bulge at the C5-6, C3-4 and C45 levels. There was mild facet hypertrophy at C5-6 with mild bilateral neuroforaminal stenosis at that level. Per 06/09/15 progress report, Electrodisgnostis testing of the upper extremities was completely normal. Patient's diagnosis, per 06/09/15 progress report include cervical sprain/strain, cervical degenerative disc disease, rule out cervical radiculopathy, thoracic sprain/strain, left shoulder peri-scapular sprain/strain, and rule out cubital tunnel syndrome. Patient's work status is regular duties. MTUS pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Review of the medical records provided indicate that the patient has had physical therapy for the lower back but there are no records indicating that the patient has had physical therapy for her shoulder. The patient continues with pain in the left shoulder and is diagnosed with left shoulder peri-scapular sprain/strain. Given the patient's condition, a short course of therapy would be beneficial. However, the requested 12 sessions of physical therapy exceeds what is allowed by MTUS and therefore, the request is not medically necessary.

Acupuncture, Left Shoulder, 2 times wkly for 3 wks, 6 sessions: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: The patient presents with pain in the upper back, medial to the left shoulder blade, and pain in the neck and left arm radiating to the left hand. The request is for acupuncture, left shoulder, 2 times weekly for 3 weeks, 6 sessions. Physical examination to the cervical spine on 06/09/15 revealed tenderness to palpation to the left side of the neck and the left cervical paraspinals, mainly along the medial border of the left scapula. MRI of the cervical spine on 04/07/15 showed multi-level degenerative disc disease with 2 mm bulge at the C5-6, C3-4 and C45 levels. There was mild facet hypertrophy at C5-6 with mild bilateral neuroforaminal stenosis at that level. Per 06/09/15 progress report, Electrodisgnostis testing of the

upper extremities was completely normal. Patient's diagnosis, per 06/09/15 progress report include cervical sprain/strain, cervical degenerative disc disease, rule out cervical radiculopathy, thoracic sprain/strain, left shoulder peri-scapular sprain/strain, and rule out cubital tunnel syndrome. Patient's work status is regular duties. For acupuncture, MTUS Guidelines page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. For additional treatment, MTUS Guidelines require functional improvement as defined by Labor Code 9792.20(e), a significant improvement in ADLs, or change in work status and reduced dependence on medical treatments. In progress report dated 06/09/15, treater recommends a trial of acupuncture for the left shoulder. The patient continues with pain in the left shoulder and is diagnosed with left shoulder peri-scapular sprain/strain. Given the patient's condition, the requested 6 sessions of acupuncture appears medically reasonable and is within MTUS guidelines. Therefore, the request is medically necessary.

Physical Therapy, Cervical Spine, 3 times wkly for 4 wks, 12 sessions: 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: The patient presents with pain in the upper back, medial to the left shoulder blade, and pain in the neck and left arm radiating to the left hand. The request is for physical therapy, cervical spine, 3 times weekly for 4 weeks, 12 sessions. Physical examination to the cervical spine on 06/09/15 revealed tenderness to palpation to the left side of the neck and the left cervical paraspinals, mainly along the medial border of the left scapula. MRI of the cervical spine on 04/07/15 showed multi-level degenerative disc disease with 2 mm bulge at the C5-6, C3-4 and C4-5 levels. There was mild facet hypertrophy at C5-6 with mild bilateral neuroforaminal stenosis at that level. Per 06/09/15 progress report, Electrodignostis testing of the upper extremities was completely normal. Patient's diagnosis, per 06/09/15 progress report include cervical sprain/strain, cervical degenerative disc disease, rule out cervical radiculopathy, thoracic sprain/strain, left shoulder peri-scapular sprain/strain, and rule out cubital tunnel syndrome. Patient's work status is regular duties. MTUS pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." mReview of the medical records provided indicate that the patient has had physical therapy for the lower back but there are no records indicating that the patient has had physical therapy to the cervical spine. The patient continues with neck pain and her diagnosis includes cervical sprain/strain and cervical degenerative disc disease. Given the patient's condition, a short course of therapy would be beneficial. However, the requested 12 sessions of physical therapy exceeds what is allowed by MTUS and therefore, the request is not medically necessary.

Acupuncture, Cervical Spine, 2 times wkly for 3 wks, 6 sessions: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: The patient presents with pain in the upper back, medial to the left shoulder blade, and pain in the neck and left arm radiating to the left hand. The request is for acupuncture, cervical spine, 2 times weekly for 3 weeks, 6 sessions. Physical examination to the cervical spine on 06/09/15 revealed tenderness to palpation to the left side of the neck and the left cervical paraspinals, mainly along the medial border of the left scapula. MRI of the cervical spine on 04/07/15 showed multi-level degenerative disc disease with 2 mm bulge at the C5-6, C3-4 and C4-5 levels. There was mild facet hypertrophy at C5-6 with mild bilateral neuroforaminal stenosis at that level. Per 06/09/15 progress report, Electrodiagnostic testing of the upper extremities was completely normal. Patient's diagnosis, per 06/09/15 progress report include cervical sprain/strain, cervical degenerative disc disease, rule out cervical radiculopathy, thoracic sprain/strain, left shoulder peri-scapular sprain/strain, and rule out cubital tunnel syndrome. Patient's work status is regular duties. For acupuncture, MTUS Guidelines page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. For additional treatment, MTUS Guidelines require functional improvement as defined by Labor Code 9792.20(e), a significant improvement in ADLs, or change in work status and reduced dependence on medical treatments. In progress report dated 06/09/15, treater recommends a trial of acupuncture for the neck. The patient continues with neck pain and her diagnosis includes cervical sprain/strain and cervical degenerative disc disease. Given the patient's condition, the requested 6 sessions of acupuncture appears medically reasonable and is within MTUS guidelines. Therefore, the request is medically necessary.