

<b>Case Number:</b>	CM15-0176404		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	10/10/2013
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	08/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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, 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:

The injured worker is a 43 year old female, who sustained an industrial injury on October 10, 2013 and reported left shoulder, neck and upper back pain. She was ultimately diagnosed with a rotator cuff tear that required surgical intervention. The injured worker is currently diagnosed as having left shoulder rotator cuff dysfunction and tear. Her work status is modified duty, permanent and stationary. Currently, the injured worker reports improvement in left shoulder pain since changing physical therapists and receiving a different treatment regimen. Her neck pain has increased (the degree of pain was not noted) and occasional upper back pain related to the left shoulder pain. She reports improvement in her insomnia, headaches and neck pain that were related to her left shoulder pain. She rates her pain as moderate. In a note dated June 4, 2015 the injured worker reports difficulty with self-care, lifting heavy objects, strenuous activity, reaching and grasping objects at chest level and above, pushing and pulling heavy objects, gripping, grasping and holding-manipulating objects, typing, forceful hand and arm activity, sleep regimen (5-7 hours per night) and sexual activity. Physical examinations dated March 17, 2015- July 15, 2015 reveal decreased left shoulder muscle strength, decreased cervical flexion and extension. The left shoulder examination reveals minimal tenderness of the "bicipital and anterior shoulder region" and range of motion is within normal limits; however, she does experience pain toward the end of range of motion. There is no tenderness to palpation or muscles spasms noted in the cervical or thoracic spine. A note that is dated June 4, 2015 reveals decreased cervical range of motion, spasms and tenderness from "C2-C7 to the left trapezius- scapular region to the deltoid". The injured worker reported numbness and tingling and pain with range of motion. Spasms and tenderness were noted from T1-T4 to the left

scapular-trapezius region as well as decreased range of motion, which produced pain. Left upper extremity deep tendon reflexes and left arm, hand and finger sensory deficits were noted as well as decreased left shoulder and arm muscle weakness. Treatment to date has included left shoulder arthroscopic surgery, physical therapy has improved her strength and range of motion, improved her ability to sleep, and eliminated her need for pain medication, per physician note dated June 8, 2015, TENS unit, heating pad, MRI, medications, acupuncture, injections and electrodiagnostic studies. A progress report dated August 26, 2015 indicates that 2 sessions of acupuncture have decreased the patient's pain and increased her range of motion. Her pain level was reduced from 6/10 to 2-3/10 and she was able to tolerate activities of daily living. Physical examination revealed decreased strength in the left shoulder and decreased range of motion in the cervical spine and left shoulder. A request for additional physical therapy 6 sessions (2 times a week for 3 weeks) is denied due to previous therapy totaling 72 approved visits and the objective outcome regarding range of motion, strength and function was not specified; additional acupuncture 6 sessions is denied due to lack of documentation of therapeutic efficacy from previous treatment; gym membership for 6 months is denied as documented failed home exercise program is not included and gym memberships are not generally indicated, as outcomes are not monitored by health professionals; and sleep study is denied as documentation for behavioral intervention or therapeutic failure to sleep promoting medications was not provided, per Utilization Review letter dated August 7, 2015.

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

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

**Additional physical therapy 2 x wk x 3 wks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004, and Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, it appears the patient has undergone 72 sessions of therapy and has presumably been instructed in a home exercise program to address any remaining objective deficits. Additional therapy sessions would exceed the maximum

number recommended by guidelines for the patient's diagnoses. In light of the above issues, the currently requested additional physical therapy is not medically necessary.

**Additional acupuncture 6 visits:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Acupuncture.

**Decision rationale:** Regarding the request for additional acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, it appears the patient has undergone 2 sessions of acupuncture with significant reduction in pain and improved function. The patient has undergone numerous physical therapy sessions and should be well versed in a home exercise program to be used concurrently with the requested acupuncture. Additionally, requesting physician has stated that the patient is trying to use acupuncture to remain free of opiate pain medication. As such, the currently requested acupuncture is medically necessary.

**Gym membership for 6 months:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic) - Gym memberships.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Gym Memberships.

**Decision rationale:** Regarding request for gym membership, Chronic Pain Medical Treatment Guidelines state that exercise is recommended. They go on to state that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. ODG states the gym memberships are not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. With unsupervised programs, there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be a risk of further injury to the patient. Within the documentation available for review, there is no indication that the patient has failed a home exercise program with periodic assessment and

revision. Additionally, there is no indication that the patient has been trained on the use of gym equipment, or that the physician is overseeing the gym exercise program. In the absence of such documentation, the currently requested gym membership is not medically necessary.

**Sleep study:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain - Criteria for Polysomnography.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Polysomnography.

**Decision rationale:** Regarding the request for one sleep consult/study, California MTUS guidelines are silent. ODG states Polysomnograms/sleep studies are recommended for the combination of indications listed below: Excessive daytime somnolence, Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy), Morning headache (other causes have been ruled out), Intellectual deterioration (sudden, without suspicion of organic dementia), Personality change (not secondary to medication, cerebral mass or known psychiatric problems), Sleep-related breathing disorder or periodic limb movement disorder is suspected, Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. A sleep study for the sole complaint of snoring, without one of the above-mentioned symptoms, is not recommended. Within the documentation available for review, it appears that the patient's insomnia complaints of recently improved significantly. Additionally, there is no documentation of excessive daytime somnolence, cataplexy, morning headache, intellectual deterioration, personality change, sleep-related breathing disorder or suspected periodic limb movement disorder, or insomnia complaint for at least six months and at least four nights of the week that has been unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. In the absence of such documentation, the currently requested one sleep consult/study is not medically necessary.