

Case Number:	CM15-0021743		
Date Assigned:	02/11/2015	Date of Injury:	04/30/2010
Decision Date:	04/09/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/05/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 36-year-old female with an industrial injury dated 04/30/2010 when she turned away from a copy machine and slipped and fell. Her diagnoses include chronic arthralgia of the right foot and ankle, rotator cuff syndrome to the right shoulder, and strain/sprain of the lumbar spine. No recent diagnostic testing was submitted or discussed. Previous treatments have included prior acupuncture (per the utilization review report), and medications. In a progress note dated 12/15/2014, the treating physician reports right shoulder pain rated 3/10 at rest and 6/10 with repetitive use, constant pain in the right ankle rated 2/10 at rest and 4/10 with weight bearing activities, and increased lumbar spine pain with a rating of 4-5/10 at rest and 7-8/10 with repetitive movement. The objective examination revealed tenderness to the right ankle with edema and moderate induration, restricted range of motion to the right ankle, mild to moderate tenderness to the right shoulder with loss of forward flexion and abduction and positive impingement signs, and moderate tenderness to the lumbar spine, limited range of motion and pain with range of motion. The treating physician is requesting physiotherapy and acupuncture, which were denied/modified by the utilization review. On 01/26/2015, Utilization Review non-certified a prescription for physiotherapy times 12 visits for the right shoulder and lumbar spine, noting the absence of clinical evidence to support overlapping modalities. The MTUS Guidelines were cited. On 01/26/2015, Utilization Review modified a prescription for acupuncture times 8 for the lumbar spine to the approval of 6 sessions of acupuncture for the lumbar spine with 2 sessions non-certified, noting the recommended initial 3-6 sessions. The MTUS Guidelines were cited. On 02/05/2015, the injured worker submitted an application for IMR for review of

physiotherapy times 12 visits for the right shoulder and lumbar spine, and acupuncture times 8 for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy times 12 visits for right shoulder and lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation ODG, Shoulder, Physical Therapy.

Decision rationale: Per MTUS CPMTG, physical medicine guidelines state: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD 729.2): 8-10 visits over 4 weeks."The ODG Preface specifies Physical Therapy Guidelines, "There are a number of overall physical therapy philosophies that may not be specifically mentioned within each guideline: (1) As time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency; (2) The exclusive use of "passive care" (e.g., palliative modalities) is not recommended; (3) Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program; (4) Use of self-directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end; (5) Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." Per the ODG guidelines: Sprained shoulder; rotator cuff (ICD9 840; 840.4):Medical treatment: 10 visits over 8 weeks. The documentation submitted for review notes that the requested physiotherapy is for acute pain flare of the injured worker's right shoulder and lumbar spine. Per the guidelines, patients should be formally assessed after a "six-visit clinical trial" to determine whether continuing with physical therapy is appropriate. The request for 12 visits is not appropriate. The request is not medically necessary.

Acupuncture times 8 for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309,Acupuncture Treatment Guidelines.

Decision rationale: Per Acupuncture Medical Treatment Guidelines p9, "(c) Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20." With regard to acupuncture, ACOEM states "Acupuncture has not been found effective in the management of back pain, based on several high-quality studies, but there is anecdotal evidence of its success." ACOEM p309 gives needle acupuncture an optional recommendation for evaluating and managing low back complaints. The guidelines support an initial trial of 3-6 treatments. As the request is in excess of the guidelines recommendation, medical necessity cannot be affirmed.