

Case Number:	CM15-0066666		
Date Assigned:	04/14/2015	Date of Injury:	07/15/2008
Decision Date:	05/19/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/08/2015

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: Internal 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 55 year old female injured worker suffered an industrial injury on 07/15/2008. The diagnoses included right tendinosis with partial rotator cuff tear, cervical herniated nucleus pulposus with radiculopathy and cervical sprain/strain. The injured worker had been treated with medications, TENS, physical therapy, and home exercise program. On 2/3/2015, the treating provider reported 7/10 cervical pain radiating to the bilateral upper extremities with right greater than left. The pain level markedly decreased with medications. There was tenderness of the cervical spine with reduced range of motion. There was tenderness of the right shoulder with limited range of motion and positive impingement signs. The treatment plan included Physical Therapy, Cervical/ Right Shoulder and Acupuncture Cervical/ Right Shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Cervical/ Right Shoulder 3 x4: 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 Physical Therapy (PT) Physical Medicine Pages 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Physical medicine treatment. ODG Preface, Physical Therapy Guidelines. ODG Shoulder (Acute & Chronic) Physical therapy. ODG Neck and Upper Back (Acute & Chronic) Physical therapy (PT).

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Official Disability Guidelines (ODG) present physical therapy PT guidelines. Patients should be formally assessed after a six visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. Per Medical Treatment Utilization Schedule (MTUS) definitions, functional improvement means 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. Official Disability Guidelines (ODG) recommends 10 physical therapy visits for sprained shoulder and neck sprains and strains. The primary treating physician's progress report dated 3/3/15 documented a history of cervical sprain and strain and right shoulder complaints. Physical examination demonstrated cervical flexion 50 degrees, extension 40 degrees, rotation 35 degrees, lateral tilt 35 degrees. Tenderness of the cervical spine was noted. Right shoulder tenderness and limited range of motion was noted. The date of injury was 6/17/08. No functional improvement with past PT physical therapy was documented in the 3/3/15 progress report. Physical therapy three times a week for four weeks (12) for cervical and right shoulder was requested. Per ODG, patients should be formally assessed after a six visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. The request for 12 visits of physical therapy exceeds MTUS guidelines, and is not supported. Therefore, the request for physical therapy is not medically necessary.

Acupuncture Cervical/ Right Shoulder 2 x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Work Loss Data Institute Neck and upper back (acute & chronic) 2013 <http://www.guideline.gov/content.aspx?id=47589>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses acupuncture. MTUS Acupuncture Medical Treatment Guidelines state that acupuncture is used as an option

when pain medication is reduced or not tolerated. The time to produce functional improvement is 3 to 6 treatments. Acupuncture treatments may be extended if functional improvement is documented. Per MTUS, functional improvement means 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. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints (Pages 173-175) states that invasive techniques (e.g., needle acupuncture and injection procedures, such as injection of trigger points, facet joints, or corticosteroids, lidocaine, or opioids in the epidural space) have no proven benefit in treating acute neck and upper back symptoms. There is no high-grade scientific evidence to support the effectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. Work Loss Data Institute guideline for the neck and upper back (acute & chronic) indicates that acupuncture for upper back and neck pain is not recommended. The primary treating physician's progress report dated 3/3/15 documented a history of cervical sprain and strain and right shoulder complaints. Physical examination demonstrated cervical flexion 50 degrees, extension 40 degrees, rotation 35 degrees, lateral tilt 35 degrees. Tenderness of the cervical spine was noted. Right shoulder tenderness and limited range of motion was noted. The date of injury was 6/17/08. Acupuncture two times a week for six weeks (12) for cervical and right shoulder. MTUS Acupuncture Medical Treatment Guidelines state that the time to produce functional improvement is 3 to 6 treatments. The request for 12 acupuncture treatments exceeds MTUS guideline recommendations and is not supported by MTUS guidelines. ACOEM and Work Loss Data Institute guideline indicate that acupuncture is not recommended for neck conditions. Therefore, the request for acupuncture is not medically necessary.