MAXIMUS Federal Services

Case Number:	CM15-0070358		
Date Assigned:	04/20/2015	Date of Injury:	09/16/2008
Decision Date:	06/11/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/14/2015

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 injured worker is a 63 year old male, who sustained an industrial injury on 9/16/2008. The mechanism of injury is unknown. The injured worker was diagnosed as having left shoulder arthropathy-status post left shoulder replacement and major depressive disorder. Left shoulder computed tomography scan showed slight acromioclavicular arthropathy. Treatment to date has included massage therapy, acupuncture and medication management. In a progress note dated 2/12/2015, the injured worker complains of left shoulder pain and stiffness. The treating physician is requesting purchase of a TENS (transcutaneous electrical nerve stimulation) unit, 8 massage therapy visits and 8 acupuncture visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage Therapy x 8 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page 60.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines indicate that massage therapy should be an adjunct to other recommended treatment, and it should be limited to 4-6 visits. Scientific studies show contradictory results. Furthermore, many studies lack long-term follow-up. Beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. There is a lack of long-term benefits. 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. The primary treating physician's progress report dated 1/12/15 documented that the patient had total left shoulder replacement surgery on January 10, 2012. The patient reported having weekly acupuncture and massage. Six additional massage therapy visits were requested. The acupuncture progress report dated 2/5/15 documented that the patient has 6 acupuncture visits and 6 massage therapy visits approved. The acupuncture progress report dated 2/12/15 documented that the patient had completed 6 acupuncture treatments the previous week, and the patient was currently continuing 6 additional sessions. Massage therapy 8 visits were requested on 4/2/15. The medical records indicate that the patient had multiple rounds of massage therapy in the past. The primary treating physician's progress report dated 1/12/15 documented that the patient reported having weekly acupuncture and massage. Six additional massage therapy visits were requested. The acupuncture progress report dated 2/5/15 documented that the patient has 6 massage therapy visits approved. Massage therapy 8 visits were requested on 4/2/15. The corresponding progress reports were not present in the submitted medical records. No progress reports from March or April 2015 were in the submitted medical records. MTUS guidelines indicate that massage therapy should be should be limited to 4-6 visits. Massage is a passive intervention and treatment dependence should be avoided. Without updated progress reports documenting functional improvement, the request for additional massage therapy is not supported. MTUS guidelines indicate that massage therapy should be should be limited to 6 visits. Therefore, the request for 8 additional massage therapy visits is not supported by MTUS guidelines. Therefore, the request for massage therapy is not medically necessary.

Acupuncture x 8 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

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. The primary treating physician's progress report dated 1/12/15 documented that the patient had total left shoulder replacement surgery on January 10, 2012. The patient reported having weekly acupuncture and massage. Eight additional

acupuncture visits were requested. The acupuncture progress report dated 2/5/15 documented that the patient has 6 acupuncture visits and 6 massage therapy visits approved. The patient had received acupuncture treatments for the left shoulder. The acupuncture progress report dated 2/12/15 documented that the patient had completed 6 acupuncture treatments the previous week, and the patient was currently continuing 6 additional sessions. Acupuncture 8 visits were requested on 4/2/15. The medical records indicate that the patient had multiple rounds of acupuncture. The acupuncture progress report dated 2/12/15 documented that the patient had completed 6 acupuncture treatments the previous week, and the patient was beginning a new round of 6 additional sessions. Eight additional acupuncture visits were requested on 4/2/15. The corresponding progress reports were not present in the submitted medical records. No progress reports from March or April 2015 were in the submitted medical records. MTUS Acupuncture Medical Treatment Guidelines indicate that the time to produce functional improvement is 3 to 6 treatments. Acupuncture treatments may be extended if functional improvement is documented per MTUS. Without updated progress reports documenting functional improvement, the request for additional acupuncture is not supported. Therefore, the request for acupuncture is not medically necessary.

Purchase of TENS (transcutaneous electrical nerve stimulation) unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203,Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page 114-117. Transcutaneous electrotherapy Page 114-117. Electrical stimulators (E-stim) Page 45. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Electrical stimulation.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses transcutaneous electrotherapy. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 9 Shoulder Complaints indicates that physical modalities, such as transcutaneous electrical neurostimulation (TENS) units, are not supported by high-quality medical studies. Official Disability Guidelines (ODG) state that electrical stimulation is not recommended for shoulder conditions. There is a lack of evidence regarding efficacy. The primary treating physician's progress report dated 1/12/15 documented that the patient had total left shoulder replacement surgery on January 10, 2012. ACOEM, and ODG guidelines do not support the use of TENS for shoulder conditions. Therefore, the request for TENS unit is not medically necessary.