

<b>Case Number:</b>	CM15-0074514		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	06/07/2012
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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 74 year old female, who sustained an industrial injury on 6/7/2012. She reported a trip and fall, striking her right shoulder, right elbow and neck on cement. The injured worker was diagnosed as status post-surgical repair of a right rotator cuff rupture, cervical-scapular strain and right elbow contusion. There is no record of a recent diagnostic study. Treatment to date has included surgery, physical therapy and medication management. In a progress note dated 3/30/2015, the injured worker complains of right shoulder pain. The treating physician is requesting 12 sessions of physiotherapy for the right shoulder, 12 visits of chiropractic care for the right shoulder, laboratory studies and 12 sessions of acupuncture for the right elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physiotherapy 3 x 4 for the right shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98-99 of 127. Decision based on Non-MTUS Citation ODG, Shoulder Chapter, Physical Medicine.

**Decision rationale:** Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course (10 sessions) 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 no documentation of specific objective functional improvement with any previous sessions and 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, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy is not medically necessary.

**Chiropractic therapy, manipulation 3 x 4 for the right shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines x 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 58-60 of 127.

**Decision rationale:** Regarding the request for chiropractic care, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. Within the documentation available for review, there is no evidence of a recent exacerbation and it is unclear exactly what objective functional deficits are intended to be addressed with the currently requested chiropractic care. Additionally, the currently requested 12 treatment sessions exceeds the initial trial recommended by guidelines of 6 visits and, unfortunately, there is no provision for modification of the current request. In the absence of clarity regarding the above issues, the currently requested chiropractic care is not medically necessary.

**Labs; CBC, Chem 8, CPK, CRP, Hepatic panel, Arthritis:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://labtestsonline.org>.

**Decision rationale:** Regarding the request for CBC, Chem 8, CPK, CRP, hepatic panel, and arthritis, California MTUS and ODG do not address the issue. CBC, Chem 8, CPK, and CRP are all supported for various indications. Within the documentation available for review, there is no documentation identifying the medical necessity of these tests. No medical condition(s) for which their use would be indicated has/have been identified and, if the purpose is to monitor the patient's kidney and/or liver function due to chronic medication usage, the date and results of prior testing is not identified. Furthermore, the specific tests requested as part of the hepatic and arthritis panels have not been identified and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested CBC, Chem 8, CPK, CRP, hepatic panel, and arthritis are not medically necessary.

**Acupuncture 2 x 6 for the right elbow:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** Regarding the request for 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 is unclear what current concurrent rehabilitative exercises will be used alongside the requested acupuncture. Additionally, the current request for a visit exceeds the 6 visit trial recommended by guidelines. Unfortunately, there is no provision to modify the current request. As such, the currently requested acupuncture is not medically necessary.