

Case Number:	CM15-0095874		
Date Assigned:	05/22/2015	Date of Injury:	01/30/2013
Decision Date:	09/14/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/18/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 68 year old female, who sustained an industrial injury on 01-30-2013. She has reported injury to the left shoulder. The diagnoses have included left shoulder dislocation; left shoulder rotator cuff tear; and subcortical cyst and degenerative changes within the posterior lateral humeral head. Treatment to date has included medications, diagnostics, acupuncture, and physical therapy. Medications have included topical compounded cream. A progress note from the treating physician, dated 04-03-2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of persistent pain in the left shoulder; the pain is rated at 3-4 out of 10 on a pain scale and is frequent; the pain in the left shoulder has improved since her last visit; the pain is made better with rest and therapy; the pain is made worse with weather and activities; she does not take any medication at this time; she has completed 12 of 12 physical therapy sessions to the left shoulder with increased range of motion and decreased pain; and she is currently working. It is noted that the injured worker has had acupuncture in the past and it did give her relief, increased range of motion, and decreased pain. Objective findings included decreased range of motion of the left shoulder; decreased strength at 4 out of 5 with flexion and extension; there was tenderness to the acromioclavicular joint; and there is positive Hawkin's impingement. The treatment plan has included the request for acupuncture 2 times weekly for 4 weeks, quantity: 8 sessions; and physical therapy 2 times weekly for 4 weeks, quantity: 8 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times weekly for 4 weeks, quantity; 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Acupuncture.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Time to produce functional improvement: 3 to 6 treatments. In this case, the claimant had a prior request to perform 8 sessions of acupuncture. Response to intervention is unknown. The 8 additional sessions exceeds the amount to determine functional improvement. The 8 sessions is not medically necessary.

Physical therapy 2 times weekly for 4 weeks, quantity; 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

Decision rationale: According to the ACOEM guidelines, Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. The claimant had completed 12 sessions of therapy without provisions for response to therapy. Consequently, additional 12 therapy sessions are not medically necessary.