

Case Number:	CM13-0015124		
Date Assigned:	10/04/2013	Date of Injury:	04/14/2010
Decision Date:	01/16/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	08/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 39-year-old female account clerk who has a date of injury on April 14, 2010. The patient was bitten by a black widow spider and also carries diagnoses of lumbar facet arthropathy, left peroneal motor neuropathy, possible CRPS, and chronic abscess. The accepted body regions include neck soft tissue, lower back area, soft tissue, left-footed, and physical/mental. The carrier has not accepted the body regions of the thoracic spine and right hip. A progress note from date of service July 9, 2013 indicates that the patient has a lot of tingling in her left lower extremity and also pain in the right shoulder and hip. The patient stated, "significant relief with physical therapy and would like to continue." The physical examination documented in this progress note specifies that the patient has severely antalgic gait. There is tenderness to palpation in the paracervical, parathoracic, and paralumbar musculature. Motor examination of the bilateral upper extremities reveals 4/5 strength and the motor exam is limited by pain. The utilization review decision dated August 21, 2013 resulted in partial certification for physical therapy of the cervical spine, lumbar spine, and left hip. A total of eight sessions of physical therapy were requested by the requesting healthcare provider. The rationale for the partial certification is the lack of documentation of specific "symptomatic or functional improvement from previous therapy sessions, such as increase range of motion, increase strength, or decreased pain."

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the cervical spine, lumbar spine, and left hip, quantity 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

Decision rationale: With regard to physical therapy, the CA MTUS Chronic Pain Medical Treatment guidelines specify the following on page 99, "Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). 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. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007) The medical records provided for review includes documentation that the patient has previously completed physical therapy and is currently on a home exercise program. There is no documentation of failure of the home exercise program, or explanation as to what functional goals the patient currently has that cannot be achieved in the context of home rehabilitation. The physical medicine guidelines specifically recommend active physical therapy with transition to active self-directed home exercises. The request for 8 sessions of physical therapy for the cervical spine, lumbar spine, and hip is not medically necessary and appropriate.

Acupuncture for the Lumbar Spine, quantity 6: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 6, Acupuncture Treatment Guidelines.

Decision rationale: According to the CA MTUS Medical Treatment Utilization Schedule, "Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment." In the case, the requesting healthcare provider has documented that the injured worker has received benefit from acupuncture in the past. The progress note associated with this request specifies "we have documented functional improvement obtained on many occasions." Further information supportive of objective functional improvement from previous acupuncture could not be found in the submitted documentation. In the medical evaluation with dates of service June 19, 2013, there is commentary that "by January 2013 the patient continued under acupuncture care and [REDACTED] noted that the patient remained unchanged." Furthermore, any request for additional acupuncture should specify the duration and number of sessions of previous treatment as the California medical treatment utilization schedule has specific guidelines regarding the optimum duration. The request for six additional sessions of acupuncture for the lumbar spine is not medically necessary and appropriate.

Acupuncture for the Cervical Spine, quantity 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 4, Acupuncture Treatment Guidelines.

Decision rationale: According to the CA MTUS Medical Treatment Utilization Schedule, "Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment." In the case, the requesting healthcare provider has documented that the injured worker has received benefit from acupuncture in the past. The progress note associated with this request specifies "we have documented functional improvement obtained on many occasions." Further information supportive of objective functional improvement from previous acupuncture could not be found in the submitted documentation. In an agreed medical evaluation with date of service June 19, 2013, there is commentary that "by January 2013 the patient continued under acupuncture care and [REDACTED] noted that the patient remained unchanged." Furthermore, any request for additional acupuncture should specify the duration and number of sessions of previous treatment as the California medical treatment utilization schedule has specific guidelines regarding the optimum duration. The request for six sessions of acupuncture for the cervical spine is not medically necessary and appropriate.