

Case Number:	CM13-0027577		
Date Assigned:	03/19/2014	Date of Injury:	06/21/2010
Decision Date:	05/07/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/23/2013

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. The expert reviewer is a licensed Chiropractor, and is licensed to practice in Texas. 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/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 51-year-old female who reported an injury on 06/21/2010. The mechanism of injury reported by the injured worker was that a co-employee who weighed approximately over 200 pounds, in her estimation, leaned over and put her palm on the patient's left shoulder to reach for cards when the injured worker felt severe low back pain and left shoulder pain at the same time. Clinical note dated 06/17/2013 indicated the injured worker reports low back pain with a level of 8 to 9 on a scale of 0 to 10. The injured worker expressed difficulty with standing and making photocopies at work. Upon exam, the injured worker was noted to have a non-antalgic gait. Upon palpation, there was tenderness noted at the lumbar paraspinal bilaterally, iliac crest bilaterally, and sacroiliac joint pain bilaterally. The physician documented range of motion as flexion 10 degrees and extension 10 degrees. The physician noted the treatment plan included physical therapy which was offered and declined and pain management which was offered and declined. Physical medicine consultation was offered to the patient. Medication included Medrol Dosepak 4 mg as directed. Surgical history noted on documentation dated 09/17/2013 revealed a history of a right rotator cuff repair with revisions to right shoulder arthroscopic rotator cuff repair and history of a left carpal tunnel release. No dates for surgeries were provided in the documentation for review. The physician did not provide a rationale for the requesting of acupuncture in the documentation provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL ACUPUNCTURE TREATMENTS, ONCE A WEEK FOR SIX (6) WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for the additional acupuncture treatments once a week for 6 weeks is non-certified. The California MTUS Guidelines for acupuncture state that the optimum duration for acupuncture is 1 to 2 months, and the treatments may be extended if functional improvement is documented. The frequency and duration of acupuncture is 1 to 3 times a week. The documentation provided for review did not provide any documentation from the previous acupuncture treatments, the effectiveness, or the duration. Due to the lack of documentation for functional improvement from the previous sessions of acupuncture, the area of the body that the acupuncture that is requested for were not provided for review.

ADDITIONAL PHYSICAL THERAPY, TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The request for additional therapy 2 times a week for 4 weeks is non-certified. California MTUS states that patients are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The physical medicine guidelines allow for the fading of frequency from up to 3 visits a week to 1 or less, with active self-directed home physical medicine. Clinical note dated 06/17/2013 indicated, the physician documented in the treatment plan PT offered, declined. There was no documentation provided for previous physical therapy, progress in therapy, any pain levels that occurred during therapy, or any home self-directed exercise. The area of the body for the therapy was not provided in the request.