

Case Number:	CM13-0030503		
Date Assigned:	11/27/2013	Date of Injury:	08/03/2009
Decision Date:	02/13/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/30/2013

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 and is licensed to practice in Illinois. 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 patient is a 31-year-old male who reported an injury on 08/03/2009. The patient is diagnosed with cervical spine sprain and strain, lumbar spine sprain and strain, status post burn injury to bilateral upper extremities and thoracic spine, right shoulder sprain and strain, left knee pain, sleep disorder, and posterior cruciate ligament tear in the left knee. The patient was seen by [REDACTED] on 07/29/2013. It is noted that the patient is currently attending physical therapy with modalities which does help and reports increased range of motion and decreased pain. Physical examination revealed tenderness in the paracervical area and bilateral trapezius muscle, decreased cervical range of motion, positive cervical compression test and shoulder depression test bilaterally, tenderness over the rotator cuff muscle and trapezius muscle with limited range of motion, positive impingement sign on the right, limited lumbar range of motion, tenderness in the paravertebral area, and positive Kemp's testing bilaterally. The patient also demonstrated tenderness to palpation with decreased flexion in the left knee. Treatment recommendations included physical therapy twice per week for 4 weeks for the left knee and right shoulder as well as an MRI of the cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) acupuncture sessions to the cervical spine and right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 174, 204, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The time to produce functional improvement includes 3 to 6 treatments with a frequency of 1 to 3 times per week. Although the patient does demonstrate decreased range of motion in the cervical spine and right shoulder along with tenderness to palpation, the current request for 8 acupuncture sessions is an excess of guideline recommendations. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

Eight (8) sessions of physical therapy to the cervical spine, lumbar spine, right shoulder and right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 174, 204, 338.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Low Back Chapter, Shoulder Chapter, Knee Chapter, Physical Therapy

Decision rationale: California MTUS Guidelines state 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. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. As per the clinical notes submitted, the patient has previously participated in a course of physical therapy. Documentation of the previous course of therapy with treatment duration and efficacy was not provided for review. Although it is stated on 07/29/2013, the patient reported decreased range of motion and decreased pain with physical therapy, there is no evidence of objective measurable improvement. Based on the clinical information received, the request is non-certified.