

Case Number:	CM13-0035492		
Date Assigned:	03/21/2014	Date of Injury:	01/08/2010
Decision Date:	05/02/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/17/2013

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 Board Certified in Occupational 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 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:

As with the request of physical therapy, the attending provider did not furnish much in the way of background on the nature of the request. It was not clearly stated whether this is a renewal request or a de novo request. However, multiple progress notes interspersed throughout 2013 and 2014 were notable for comments that the attending provider and applicant were seeking acupuncture on multiple occasions. As noted in MTUS 9792.24.1d, acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20f. In this case, however, there was no such improvement seemingly manifested with earlier unspecified amounts of acupuncture. The applicant remained off of work, on total temporary disability. The applicant remained highly reliant and dependent on various medical treatments, including a surgical consultation and a TENS unit. Accordingly, the request for additional acupuncture is not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) PHYSICAL THERAPY WITH RPT (Registered Physical Therapist) FOR THE RIGHT KNEE.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 99.

Decision rationale: The 12 sessions of physical therapy treatment alone, in and of itself, do represent treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the issue seemingly present here. In this case, the attending provider has not proffered any rationale or narrative to support treatment in excess of MTUS parameters. Little or no narrative commentary was provided. It was not clearly stated how much prior physical therapy the applicant had had over the life of the claim. The fact that the applicant remained off of work, on total temporary disability, and was pursuing a surgical consultation implied that the previous unspecified amounts of physical therapy were unsuccessful. It is further noted that the Chapter 3 ACOEM Guidelines on page 48 note that it is incumbent upon the attending to furnish a prescription which clearly states treatment goals. In this case, the documentation on file was sparse, difficult to follow, did not clearly state what the treatment goals were or how much prior physical therapy treatment the applicant had had over the life of the claim. Therefore, the request is not certified, for all the stated reasons.

SIX (6) ACUPUNCTURE SESSIONS FOR THE THORACIC SPINE, LEFT WRIST, LEFT KNEE AND RIGHT WRIST: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As with the request of physical therapy, the attending provider did not furnish much in the way of background on the nature of the request. It was not clearly stated whether this is a renewal request or a de novo request. However, multiple progress notes interspersed throughout 2013 and 2014 were notable for comments that the attending provider and applicant were seeking acupuncture on multiple occasions. As noted in MTUS 9792.24.1d, acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20f. In this case, however, there was no such improvement seemingly manifested with earlier unspecified amounts of acupuncture. The applicant remained off of work, on total temporary disability. The applicant remained highly reliant and dependent on various medical treatments, including a surgical consultation and a TENS unit. Accordingly, the request for additional acupuncture is not certified.