

Case Number:	CM13-0038569		
Date Assigned:	12/18/2013	Date of Injury:	01/17/2012
Decision Date:	02/20/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/25/2013

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 & 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 53-year-old female who reported an injury on 01/17/2012. The injury was noted to have occurred from repetitive typing work. Her diagnoses include bilateral carpal tunnel syndrome, cervical radiculopathy, cervical sprain, thoracic sprain, right shoulder sprain, right wrist sprain and right shoulder impingement syndrome. The clinical information provided for review indicates that the patient was previously approved for 12 visits of physical therapy and 6 visits of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture one to two times a week for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the MTUS Acupuncture Guidelines, this treatment is an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation or surgical intervention to hasten functional recovery. The guidelines specify that the time to produce functional improvement with acupuncture is 3 treatments to 6 treatments. The clinical information submitted for review indicates that the patient was previously approved

for 6 acupuncture treatments. However, there was no evidence submitted of functional improvement with this initial trial. Therefore, the request for further acupuncture visits is not supported. As such, the request for acupuncture one to two times a week for six weeks is not medically necessary and appropriate.

Physical therapy for the cervical, thoracic, right shoulder, and left wrist one to two times a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation ODG, Preface Physical Therapy Guidelines

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

Decision rationale: According to the MTUS Chronic Pain Guidelines, physical medicine treatment is recommended for the treatment of unspecified myalgia and myositis at 9 visits to 10 visits over 8 weeks. The clinical information submitted for review indicates that the patient was previously approved for 12 visits of physical therapy. However, the documentation did not show evidence of functional objective gains made with these previous 12 visits of physical therapy. For this reason, the request for further physical therapy visits is not medically necessary and appropriate.