

Case Number:	CM13-0043562		
Date Assigned:	12/27/2013	Date of Injury:	01/04/2012
Decision Date:	03/12/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/24/2013

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 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 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 47-year-old female with date of injury 01/04/2012. She is currently a patient of [REDACTED] most recent note is not dated, but reference is made to the patient seeing [REDACTED] on 11/22/2013, indicating that it is the most recent evaluation. In this report, [REDACTED] reports no change in symptoms overall. The patient complained of tight burning, electrical shooting, and aching 7-10/over 10 intermittent pain from posterior neck across two shoulders and down the bilateral upper extremities. It is aggravated with activity, cold weather, and stress/irritation/anchor. Somewhat relieved when she is not doing any activity/relative rest, pain meds, warm weather. Notes generalized upper extremity weakness including grip strength. Intermittent numbness in the upper extremities bilaterally. A pounding temporal occipital headache aggravated by stress. The patient is currently undergoing acupuncture treatments, is taking Oxycodone 30 mg t.i.d., Imitrex, Xanax, Toradol, Neurontin p.r.n., Soma, and Dilaudid. Objective findings were that the patient was able to sit to stand independent. Ambulate with normal gait pattern, but she declined to be examined that day. Her current diagnoses as listed as thoracic outlet syndrome. The medical record indicates that the patient has had over 36 visits of physical therapy and over 20 visits of acupuncture. There's been no apparent improvement in her condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 6 weeks and Acupuncture x 6 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines 9792.24.2 Chronic Pain Medical Treatment Guidelines Physical Medi. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder (updated 6/12/13) Physical Therapy

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines §§9792.20 - 9792.26 Page(s): 98-99.

Decision rationale: The patient has had over 36 visits of physical therapy and at least 20 acupuncture treatments without evidence of functional improvement. The MTUS Chronic Pain Medical Treatment Guidelines state that 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. California Labor Code Section 4604.5(c) (1) states that an employee shall be entitled to no more than 24 chiropractic, 24 occupational therapy, and 24 physical therapy visits per industrial injury. The Acupuncture Medical Treatment Guidelines allow acupuncture treatments to be extended if functional improvement is documented as defined in Section 9792.20(f). There is no documentation in the medical record that the patient has had functional improvement with the trial of visits of acupuncture previously authorized. (c) Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week (3) Optimum duration: 1 to 2 months (d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(f).