

Case Number:	CM13-0045201		
Date Assigned:	12/27/2013	Date of Injury:	02/23/2013
Decision Date:	02/28/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/12/2013

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, has a subspecialty in Interventional Spine 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 33-year-old male with date of injury on 02/23/2013. The progress report dated 09/03/2013 by [REDACTED] indicates that the patient's diagnoses include thoracic and lumbar spine sprain/strain, lumbar spine radiculopathy, right wrist sprain, rule out right scaphoid injury. The patient continue with constant, moderate, sharp, tingling, numb right pain in the low back radiating down to the bilateral legs. The patient also has mid back pain radiating to the lower back. Exam findings included tenderness to the lumbar spine with muscle spasms at levels L1 through L5. The right wrist was tender on range of motion. There is right lateral epicondyle tenderness. Treatment plan included physical therapy twice a week for the following 4 weeks. The utilization review letter dated 11/06/2013 indicates the patient was seen by [REDACTED], on 10/14/2013. This record was not available for review. Per the utilization review letter, the patient reported pain from multiple areas including the head, neck, back, right shoulder, right elbow, right wrist, and right hand. A request was made for 12 sessions of acupuncture, 12 sessions of physical therapy, and a functional capacity evaluation

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x6 for the cervical, thoracic, lumbar and right upper extremities.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient continues to present with neck and back pain, pain in the right upper extremity, and radiating symptoms into the bilateral lower extremities. The utilization review letter indicates that the patient saw [REDACTED] on 10/14/2013 and a request was made for 12 sessions of acupuncture. There was no documentation as to any prior acupuncture for this patient. There were no acupuncture treatment notes available for review. The Acupuncture Medical Treatment Guidelines recommends a trial of 3 to 6 treatments of acupuncture and if functional improvement can be documented then acupuncture treatments may be extended. I was able to review medical records dated between 02/25/2013 and 09/03/2013 from [REDACTED]. There was no documentation of any history of acupuncture therapy. Request for 12 sessions of acupuncture does not appear to be reasonable at this time without initial course of acupuncture of 3 to 6 sessions to evaluate for functional improvement. Therefore, recommendation is for denial.

Physiotherapy 2x6 for the cervical, thoracic, lumbar and right upper extremities.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The patient presents with head pain, neck pain, back pain, right shoulder pain, right elbow pain, right wrist pain, and right hand pain. The treating physician had requested an additional 12 sessions of physical therapy. The records between August 6 and September 3 by [REDACTED] indicate the patient was recommended for 3 courses of physical therapy 8 sessions each. It is unclear if this patient actually underwent these sessions of physical therapy. There were no physical therapy notes available for review. MTUS Guidelines page 98, 99, regarding physical medicine allow for fading of treatment frequency plus active self-directed home physical medicine. Up to 10 visits of physical therapy is recommended for myalgia and myositis, unspecified, neuralgia, neuritis, and radiculitis, unspecified. The requested 12 sessions of physical therapy exceeds the number of visits recommended by MTUS. Also it appears the patient has had extensive physical therapy between August 6 and September 3. It is unclear what functional benefit the patient has received from prior physical therapy treatment. Therefore, it is not reasonable to continue physical therapy as the patient should have been instructed on a home exercise program. Therefore, recommendation is for denial.

Functional capacity evaluation for the cervical, thoracic, lumbar and right upper extremities.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 137, 139.

Decision rationale: The patient continues to complain of head pain, neck pain, back pain, right shoulder pain, right elbow pain, right wrist pain, and right hand pain. There was no documentation provided by the treating physician in regards to the patient's work restrictions,

any failed attempts at returning to work. ACOEM Guidelines page 137-139 regarding functional capacity evaluation states that the examiner is responsible for determining whether the impairment results in functional limitations and to inform the examinee and the employer about the examinee's abilities and limitations. ACOEM also states that functional capacity evaluations may be ordered by the treating or evaluating physician if the physician feels the information from such testing is crucial. ACOEM further states that there is little scientific evidence confirming that functional capacity evaluations predict an individual's actual capacity to perform in the workplace. The request for the functional capacity evaluation does not appear to be reasonable this time. Therefore, recommendation is for denial.