

Case Number:	CM13-0052798		
Date Assigned:	12/30/2013	Date of Injury:	09/15/2012
Decision Date:	05/02/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/16/2013

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 Physical Medicine and Rehabilitation 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:

The injured worker is a 59 year-old male who reported an injury on 09/15/2012. The mechanism of injury was the injured worker was pushing a trashcan when a resident of the facility approached the injured worker from behind, pushed the injured worker forward, and caused the injured worker to fall on the trashcan. Documentation of a 08/12/2013 revealed the injured worker had pain complaints that were not resolved. The treatment plan included acupuncture and physical therapy to give the injured worker temporary relief. The diagnoses were noted to include cervical stenosis, cervical spine protrusion, and lumbar spine stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 2X6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The time to produce functional improvement is 3 - 6 treatments and Acupuncture treatments may be extended if

functional improvement is documented including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The clinical documentation submitted for review indicated the injured worker had minimal benefit from prior treatment with acupuncture. There was a lack of documentation indicating objective functional improvement to support the necessity for ongoing treatment with acupuncture. The request as submitted failed to indicate the body part to be treated with the acupuncture. Given the above, the request for Acupuncture 2x6 is not medically necessary.

PHYSIOTHERAPY 2X6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)- TWC, NECK AND UPPER BACK, LOW BACK, PHYSICALTHERAPY GUIDELINES.

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

Decision rationale: California MTUS Guidelines recommend physical medicine treatment with a maximum of 9 to 10 visits for myalgia and myositis. The clinical documentation submitted for review failed to indicate the quantity of sessions as well as the objective functional benefit received from the Final Determination Letter for IMR Case Number CM13-0052798 4 prior physical medicine therapies. It was indicated they were of little benefit. There was a lack of documentation indicating objective functional deficits to support the necessity for ongoing therapy. The request as submitted failed to indicate the body part to be treated with the physiotherapy. Given the above, the request for physiotherapy 2x6 is not medically necessary.