

Case Number:	CM13-0055667		
Date Assigned:	06/09/2014	Date of Injury:	02/11/2013
Decision Date:	08/11/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	11/21/2013

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:

This is a 41-year-old female with a 02/11/2013 date of injury; she injured her right hand and arm while doing repetitive work. The patient received an initial course of PT x 6 for her neck, and right upper extremity. The PT progress note from 03/22/2013 stated that the patient has intermittent pain in the right elbow and hand. The patient was seen on 3/31/13 where she had ongoing complaints of right upper extremity and neck pain. She reported that the physical therapy was not helping and was making her pain worse. The acupuncture progress note from 8/22/13 does not indicate how many sessions of acupuncture the patient had and does not indicate any improvement. Of note, the patient was approved for 21 session of PT and has received 14 sessions to date. The patient was seen on 9/25/13 complaining of burning pain in the bilateral forearms and worsening migraine. Exam findings revealed weakness in the bilateral upper extremities and lateral epicondylar and right trapezius tenderness. The diagnosis is wrist and forearm sprain/strain, cervical spine sprain/strain and right lateral epicondylitis. 04/08/2013 EMG/NCS showed C5-C6 cervical radiculopathy. 09/18/2013 MRI of the cervical spine showed degenerative disc disease of the cervical spine, most prominent at the C6-C7 level, where there is a 1 mm broad-based disc bulge without significant spinal canal or neural foraminal stenosis. Treatment to date: medication, TENS unit, acupuncture x 4, physical therapy x 14 and work restrictions. An adverse determination was received on 10/08/2013 for unknown reasons.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE FOR BILATERAL UPPER EXTREMITIES SIX SESSIONS:

Overtured

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Page(s): 1. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter (page 114).

Decision rationale: CA MTUS Acupuncture Medical Treatment Guidelines state that treatments may be extended if functional improvement is documented (a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation), for a total of 24 visits. This patient has evidence of cervical radiculopathy on ENG/NCV. She was approved for 4 visits of acupuncture in July of 2013. Her pain was noted to be a 5-6/10 on 8/2/13 at her first acupuncture treatment. In a progress note from 9/25/13 the patient's pain decreased to a 3/10. The patient had a favorable response with regard to pain and her 4 visits trial of acupuncture. Therefore, the request for Acupuncture for Bilateral Upper Extremities x 6 is medically necessary.

ADDITIONAL SIX SESSIONS OF PHYSICAL THERAPY FOR BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL THERAPY Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter (page 114).

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. The patient had a 2/11/13 date of injury and received an initial 6 sessions of physical therapy to the right upper extremity. There were no other PT noted available for review. There is a lack of documentation with regard to improvement with PT. In addition, the patient stated that her PT was not helpful, and actually worsened her symptoms in a progress note dated 3/13/13. Thus the rationale for additional PT, when the patient claimed her initial PT worsened her symptoms is unclear. In addition, the patient was apparently approved for 21 sessions of which she attended 14, however there is a lack of documentation regarding these sessions as well. It is also unclear why the patient is not independent in a home exercise program at this point. Therefore the request for Additional 6 Sessions of Physical Therapy for Bilateral Upper Extremities is not medically necessary.

