MAXIMUS Federal Services

Case Number:	CM13-0055900		
Date Assigned:	05/21/2014	Date of Injury:	04/17/2009
Decision Date:	08/08/2014	UR Denial Date:	10/15/2013
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:

The applicant is a represented [redacted] employee who has filed a claim for chronic neck, shoulder, and elbow pain reportedly associated with an industrial injury of April 17, 2009.Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy and acupuncture over the course of the claim.In a Utilization Review Report dated October 15, 2013, the claims administrator denied several requests for physical therapy and acupuncture. Overall rationale was sparse; however, it was suggested that the applicant had failed to improve with earlier physical therapy and acupuncture treatment.In a medical-legal evaluation of March 3, 2011, it was stated that the applicant was working at DPSS doing in-home care for her child since leaving her former employer.In an earlier Utilization Review Report dated September 5, 2013, the claims administrator stated that the applicant had had 12 sessions of physical therapy and 15 sessions of acupuncture through that point in time, per case manager notes.In a handwritten note dated August 30, 2013, the applicant was asked to obtain 12 sessions of physical therapy and 12 sessions of acupuncture. The applicant was placed off of work, on total temporary disability. Limited and painful range of motion are noted about the neck and elbow.On June 25, 2013, the applicant was again placed off of work, on total temporary disability. It was stated that the applicant was receiving acupuncture, which had provided her transient relief. The note was handwritten and difficult to follow. Twelve sessions of acupuncture, tramadol, Soma, and topical Terocin lotion were furnished.

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: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20f.,Physical Medicine topic. Page(s): 99,8.

Decision rationale: The 12-session course of treatment proposed, in and of itself, represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the issue reportedly present here. No rationale for treatment in excess of the MTUS parameters was provided. It is further noted that the applicant has, moreover failed to demonstrate any lasting benefit or functional improvement despite completion of at least 12 prior sessions of physical therapy to date. The applicant remains off of work, on total temporary disability. The applicant remains highly reliant and highly dependent on other forms of medical treatment, including the acupuncture also in question here as well as analgesic medications such as Soma, Terocin, tramadol, etc. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite completion of earlier physical therapy. Therefore, the request for additional physical therapy is not medically necessary.

ACUPUNCTURE 2 X 6 FOR THE CERVICAL SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As noted in MTUS 9792.24.1.d, acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20f. In this case, however, there has been no such demonstration of functional improvement as defined in section 9792.20f despite completion of at least 15 earlier sessions of acupuncture. The applicant remains off of work, on total temporary disability. The applicant remains highly reliant and highly dependent on various forms of medical treatment, including the acupuncture and physical therapy issued here, along with analgesic medications such as tramadol, Terocin lotion, Soma, etc. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite completion of extensive prior acupuncture. Therefore, the request for additional acupuncture is not medically necessary.

ACUPUNCTURE 2 X 6 FOR THE BILATERAL WRIST: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As noted in MTUS 9792.24.1.d, acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20f with earlier acupuncture. In this case, however, there has been no such demonstration of functional improvement. The applicant is off of work, on total temporary disability, for several 2013 progress notes referenced above. The applicant remains highly reliant and highly dependent on various forms of medical treatment, including the physical therapy and acupuncture issued here, as well as analgesic medications such as tramadol, Soma, Terocin, etc. Therefore, the request for additional acupuncture is not medically necessary.

ACUPUNCTURE 2 X 6 FOR BILATERAL FOREARMS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As noted previously, MTUS 9792.24.1.d notes that acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20f. In this case, however, the fact that the applicant is off of work, on total temporary disability, and remains highly reliant and highly dependent on various medications, including Terocin, Soma, tramadol, etc., taken together, implies a lack of functional improvement as defined in section 9792.20f despite completion of at least 15 prior sessions of acupuncture. Therefore, the request for additional acupuncture is not medically necessary.