

Case Number:	CM13-0064508		
Date Assigned:	07/02/2014	Date of Injury:	02/19/2013
Decision Date:	07/31/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/11/2013

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:

This 31 year-old patient sustained an injury on 2/10/13 while employed by [REDACTED]. Request under consideration include Propective Request for 8 Physical Therapy Sessions and Prospective Request for 16 Electroacupuncture Sessions. Report of 8/13/13 from the provider noted the patient had pre-surgical and post-surgical physical therapy that did not help his pain. Report of 11/5/13 from the provider noted the patient had recent trial of electroacupuncture treatment that was helpful to decrease his pain and discomfort in his left upper extremity including the elbow with perceived functional improvement to do more self-care. Tramadol use was cut down from twice a day to 1 tablet daily. Exam showed left elbow decreased range of motion; decreased light touch; positive Tinel's at left elbow area with local tenderness and decreased motor strength. There is well-healed surgical scar in left elbow, lateral epicondyle region. The request for Propective Request for 8 Physical Therapy Sessions was non-certified and Prospective Request for 16 Electroacupuncture Sessions was partially-certified for 8 additional sessions on 11/14/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Propective Request for 8 Physical Therapy Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99, Physical Medicine Guidelines -Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks Page(s): 98-99.

Decision rationale: The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Prospective Request for 8 Physical Therapy Sessions is not medically necessary and appropriate.

Prospective Request for 16 Electroacupuncture Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. Submitted reports have not demonstrated the medical indication to support continued acupuncture beyond sessions already authorized. It is unclear how many total acupuncture sessions has been completed; however, the patient was recently certified for an additional 8 sessions without submitted reports of specific changes in ADLs, improved clinical findings, or decreased in medical utilization of treatment. Although the patient reported improved sleep and decreased in Tramadol from twice to once a day dosing, medical reports noted unchanged clinical findings, unchanged quantity of Tramadol prescribed, despite extensive conservative care to include acupuncture for this chronic injury. The patient remains functionally unchanged from acupuncture treatment visits already rendered without demonstrated functional improvement derived from treatment completed. The Prospective Request for 16 Electroacupuncture Sessions is not medically necessary and appropriate.