MAXIMUS Federal Services

Case Number:	CM13-0064568		
Date Assigned:	01/03/2014	Date of Injury:	05/21/2013
Decision Date:	07/28/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/12/2013

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 patient sustained an injury on 5/21/13 while employed by [redacted]. Request(s) under consideration include acupuncture, cervical, 2x3, qty: 6, physical therapy, cervical, 2x3, qty: 6, and home h-wave device. Diagnoses include Cervical spine strain/ repetitive strain injury with radiculopathy. A report of 11/13/13 from the provider noted the patient with ongoing neck, right arm and elbow pain. The patient has been working light duty and has received 11 of 12 physical therapy sessions along with completing 6 acupuncture visits Exam noted cervical spine with flex/lateral rotation right and left of 30/60/50 degrees; tenderness on palpation of lateral epicondyle with increased pain on resisted movements. Supplemental report of 11/14/13 noted patient with continued pain complaints and impaired range and ADLs. The patient had improved neck and elbow pain with physical therapy, but computer work aggravated neck symptoms. The patient has tried TENS at home without adequate pain relief. A review indicated the patient has had 3 sets of 6 PT session in June, August, and October of 2013 with 6 acupuncture sessions completed. The request for acupuncture, cervical, 2x3, qty: 6, physical therapy, cervical, 2x3, qty: 6, and home h-wave device were not medically necessary on 11/20/13 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:

Acupuncture, cervical, 2x3, qty: 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This patient sustained an injury on 5/21/13 while employed by [redacted]. Request under consideration include Acupuncture, Cervical, 2x3, Qty: 6, Physical Therapy, Cervical, 2x3, Qty: 6, And Home H-Wave Device. Diagnoses include Cervical spine strain/ repetitive strain injury with radiculopathy.A report of 11/13/13 from the provider noted the patient with ongoing neck, right arm and elbow pain. The patient has been working light duty and has received 11 of 12 physical therapy sessions along with completing 6 acupuncture visits Exam noted cervical spine with flex/lateral rotation right and left of 30/60/50 degrees; tenderness on palpation of lateral epicondyle with increased pain on resisted movements. Supplemental report of 11/14/13 noted patient with continued pain complaints and impaired range and ADLs. The patient had improved neck and elbow pain with physical therapy, but computer work aggravated neck symptoms. The patient has tried TENS at home without adequate pain relief. Review indicated the patient has had 3 sets of 6 PT session in June, August, and October of 2013 with 6 acupuncture sessions completed. MTUS, 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. Although the patient reported improved relief, medical reports noted unchanged symptoms and clinical findings despite extensive conservative care to include acupuncture for this chronic injury of May 2013. The patient remains functionally unchanged from acupuncture treatment visits already rendered. There is no demonstrated functional improvement derived from treatment completed. The acupuncture, cervical, 2x3, qty: 6 is not medically necessary and appropriate.

Physical therapy, cervical, 2x3, qty: 6: Upheld

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

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

Decision rationale: TThis patient sustained an injury on 5/21/13 while employed by [redacted]. Request under consideration include acupuncture, cervical, 2x3, qty: 6, physical therapy, cervical, 2x3, qty: 6, and home h-wave device. Diagnoses include Cervical spine strain/ repetitive strain injury with radiculopathy. A report of 11/13/13 from the provider noted the patient with ongoing neck, right arm and elbow pain. The patient has been working light duty and has received 11 of 12 physical therapy sessions along with completing 6 acupuncture visits. An exam noted cervical spine with flex/lateral rotation right and left of 30/60/50 degrees; tenderness on palpation of lateral epicondyle with increased pain on resisted movements. Supplemental report of 11/14/13 noted patient with continued pain complaints and impaired range and ADLs. he patient had improved neck and elbow pain with physical therapy, but computer work aggravated neck symptoms. The patient has tried TENS at home without

adequate pain relief. Review indicated the patient has had 3 sets of 6 PT session in June, August, and October of 2013 with 6 acupuncture sessions completed. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There is unchanged chronic symptom complaints, intact clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. The patient is without physiologic evidence of tissue insult, neurological compromise, or red-flag findings to support treatment request. The physical therapy, cervical, 2x3, qty: 6 is not medically necessary and appropriate.

Home h-wave device: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, H-Wave Stimulation Page(s): 115-118.

Decision rationale: Although it has been noted the patient has tried TENS at home without adequate pain relief, specifics of what unit was applied, what duration or frequency of use, and parameters for measurements for the TENS unit were not demonstrated. Per guidelines, H-wave is not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS) which have not been demonstrated. There is no clinical exam documented with neurological deficits nor are there specifics of what subjective complaints, limitations in ADL, or failed attempts with previous conservative treatments to support for the H-wave unit, not recommended as a first-line approach. Submitted reports have not demonstrated having met these criteria nor is the patient participating in any therapy as part of the functional restoration program. The Home H-Wave Device is not medically necessary and appropriate.