

Case Number:	CM13-0064950		
Date Assigned:	01/03/2014	Date of Injury:	10/02/2012
Decision Date:	04/04/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management, 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 physician 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:

According to the records made available for review, this is a 62 year old female with a 10/2/12 date of injury. At the time of request for authorization for acupuncture; six visits and physiotherapy; 12 sessions, there is documentation of subjective (ongoing symptoms in the shoulder, wrists, and hands with associated numbness and pain) and objective (weakness in hand grip and reduced reflexes in the biceps, brachioradialis, and triceps with paresthesias in the hand) findings, current diagnoses (bilateral carpal tunnel syndrome, cervical intra-vertebral disc syndrome, and shoulder derangement), and treatment to date (physical therapy, activity modification, acupuncture, and medications). Report states that the patient was previously certified for 20 physical therapy visits and 14 acupuncture visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

A series of six acupuncture visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Acupuncture Guidelines indicate that acupuncture may be used as an option when pain medication is reduced or not tolerated as an adjunct to physical

rehabilitation and/or surgical intervention to hasten functional recovery, to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. In addition, the MTUS Acupuncture Guidelines allow the use of acupuncture for musculoskeletal conditions for a frequency and duration of treatment as follows: Time to produce functional improvement of 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. Within the medical information available for review, there is documentation of diagnoses of bilateral carpal tunnel syndrome, cervical intra-vertebral disc syndrome, and shoulder derangement. In addition, there is documentation of 14 acupuncture sessions, functional deficits, and functional goals. However, there is no documentation of objective functional improvement with previous acupuncture. Therefore, the request for acupuncture is not medically necessary and appropriate.

A series of 12 sessions of physiotherapy: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004) page 114, and the Official Disability Guidelines, Neck and Upper Back chapter, section on Physical therapy

Decision rationale: ACOEM Guidelines identify the importance of a time-limited treatment plan with clearly defined functional goals, with frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals. The Official Disability Guidelines recommend a limited course of physical therapy for patients with a diagnosis of displacement of cervical intervertebral disc not to exceed 10 sessions over 8 weeks; and documentation of exceptional factors when treatment duration and/or number of visits exceeds the guidelines. Within the medical information available for review, there is documentation of diagnoses of bilateral carpal tunnel syndrome, cervical intra-vertebral disc syndrome, and shoulder derangement. In addition, there is documentation of 20 physical therapy sessions, functional deficits, and functional goals. In addition, there is no documentation of objective improvement with previous physical therapy and documentation of exceptional factors. The request for an additional 12 sessions exceeds guidelines' recommendations. Therefore, based on guidelines and a review of the evidence, the request for 12 physiotherapy sessions is not medically necessary.