MAXIMUS Federal Services

Case Number:	CM13-0070335		
Date Assigned:	01/03/2014	Date of Injury:	06/07/2012
Decision Date:	04/24/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/24/2013

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 shoulder and pain reportedly associated with an industrial injury of June 7, 2012. 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; cervical epidural steroid injection; adjuvant medications; reportedly normal electrodiagnostic testing of the upper extremities; earlier multilevel cervical fusion surgery; unspecified amounts of manipulative therapy; and extensive periods of time off of work. In a Utilization Review Report of December 11, 2013, the claims administrator partially certified request for eight sessions of acupuncture as six sessions of acupuncture and partially certified request for eight sessions of physical therapy as three sessions of physical therapy. The applicant's attorney subsequently appealed. In a clinical progress note of December 3, 2013, the applicant is described as having heightened neck and shoulder pain. The applicant is having stomach upset. The applicant is on Celebrex, tramadol, and Zantac, it is stated. An antalgic gait is appreciated with diminished upper extremity strength noted secondary to giveaway weakness. Zantac and Voltaren are endorsed. Additional acupuncture and physical therapy are endorsed. The applicant's work status is not clearly stated on this occasion; however, on an earlier note of November 15, 2013, the applicant was placed off of work, on total temporary disability. An earlier note of October 29, 2013 is notable for comments that the applicant started acupuncture previously. The applicant is off of work, on total temporary disability, it is stated, and is using Celebrex, Ambien, Ultram, and Lidoderm, it was further noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL 8 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 request for eight sessions of acupuncture is not medically necessary, medically appropriate, or indicated here. As noted in MTUS 9792.24.1c1, the time deemed necessary to produce functional improvement following introduction of acupuncture is "three to six treatments." In this case, the eight-session course of treatment proposed by the attending provider, thus, does not conform to MTUS parameters. It is further noted that an earlier note of October 16, 2013 was notable for comments that the applicant was receiving acupuncture at that point in time and was off of work, on total temporary disability. As noted in MTUS 9792.24.1.d, acupuncture treatments may be extended only if there is evidence of functional improvement as defined in section 9792.20f. In this case, however, the applicant has not demonstrated any functional improvement despite completing prior unspecified amounts of acupuncture. The applicant is off of work, on total temporary disability, and remains high reliant on various medications and other treatments. Continued acupuncture is not, consequently, indicated. Therefore, the request is not certified owing to a lack of functional improvement with prior unspecified amounts of acupuncture.

ADDITIONAL 8 PHYSICAL THERAPY VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy and Rehabilitation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8.

Decision rationale: Similarly, the request for eight additional sessions of physical therapy is not medically necessary, medically appropriate, or indicated here. The applicant has had prior unspecified amounts of physical therapy over the life of the claim. As noted on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, demonstration of functional improvement is needed at various milestones in the functional restoration program so as to justify continued treatment. In this case, however, there has been no demonstration of functional improvement with prior physical therapy treatments to date. The applicant is off of work, on total temporary disability, and remains highly reliant on various medications, including Celebrex, Lidoderm, Ambien, etc. Therefore, the request for additional physical therapy is not certified owing to a lack of functional improvement with prior physical therapy.