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| <b>Case Number:</b>   | CM13-0072244 |                              |            |
| <b>Date Assigned:</b> | 05/07/2014   | <b>Date of Injury:</b>       | 08/15/2003 |
| <b>Decision Date:</b> | 07/11/2014   | <b>UR Denial Date:</b>       | 12/26/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/30/2013 |

### 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:

The patient is a 56 year old female who was injured on 08/15/2003. The mechanism of injury is unknown. According to the Progress Report-2 dated 07/30/2013, the patient was diagnosed as having: 1) Left wrist sprain/strain. 2) Carpal tunnel syndrome and 3) Left shoulder sprain/strain. On that Progress Report-2 the patient was approved for additional 6 acupuncture treatments. The progress note dated 10/18/2013 documented the patient with complaints of left foot and ankle pain. She also has left knee pain; however, this cannot be treated as this is not a documented worker's compensation claim. She is unable to walk secondary to pain. Her left lower extremity has been swollen secondary to her left knee pain, but she is still able to do range of motion exercises for her foot. She has used the maximum doses for Norco and Percocet as well as her Lidoderm patches. Her current medications consist of: Norco, Lidoderm 5% patch, Nortriptyline 25 mg, Percocet and Ibuprofen. A psychiatric consult was placed for possible anxiety/depression and medication management. This was placed on 09/30/2013 and this authorization is still pending. At this time we are awaiting the recommendations in hope of repeating a lumbar sympathetic block for the patient's left lower extremity CRPS (Complex Regional Pain Syndrome) symptoms. The Diagnosis is as follows: Reflex Sympathetic Dystrophy (lower limb); Chronic Pain Syndrome; Depressive Disorder; and Psychogenic Pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PAIN PSYCHOLOGY ONE (1) TIME A WEEK FOR SIX (6) WEEKS: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Suffering, and the Restoration of Function (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 6); Physician Guidelines for Dealing with Potentially Chronic or Chronic Injuries.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

**Decision rationale:** According to the California MTUS guidelines, behavioral intervention is recommended for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these at risk patients, should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. The medical records do not address delayed recovery. The visit note dated 09/20/2013 indicates that the patient has at least 50% pain relief with her current medication. Moreover, the available medical records do not document an initial course of physical medicine. There is no indication of complication to recovery, co-morbidity, or extending clinical circumstance that would support psychotherapy and no indication that the claimant has failed anti-depressant or anti-anxiety medications. Therefore, the medical necessity of Pain psychology has not been established.

**PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS FOR THE BILATERAL UPPER EXTREMITY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 265-268.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand, Shoulder, Physical Therapy.

**Decision rationale:** As per the California MTUS guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. As per the ODG guidelines, physical therapy (PT) is recommended as chronic pain modality of treatment for sprains/strains of the wrist as 9 visits over 8 weeks, and for the Carpal tunnel syndrome as 1-3 visits over 3-5 weeks. On the other hand, the recommended PT for shoulder sprain and strain is 10 visits over 8 weeks. The most recent available medical report that shows the diagnoses of left wrist sprain/strain, Carpal tunnel syndrome and left shoulder sprain/strain, is dated 07/30/2013 and does not indicate any bilateral pathology. Since the records refer to a left sided pathology, then the requested physical therapy for the bilateral upper extremities is not necessary. Also, claimant had 38 prior sessions of physical therapy. Therefore, the medical necessity of this request is not established.

**ACUPUNCTURE ONE (1) - TWO (2) TIMES A WEEK FOR THREE (3) WEEKS FOR THE BILATERAL UPPER EXTREMITY:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** According to the California MTUS guidelines, acupuncture is used as an option when pain medication is reduced or not tolerated. Acupuncture treatments may be extended if functional improvement is documented. The medical report dated 09/20/2013 indicates that the patient has 50% pain relief with her current pain medications. The medical report dated 07/05/2013 documents that the patient was approved for 6 additional acupuncture treatments, with no further documentation of functional improvement, secondary to those additional treatments. Moreover, the available medical records address only left sided upper limb pathology and no clinical records for a bilateral pathology. Accordingly, the medical necessity of acupuncture for the bilateral upper extremities has not been established.