

Case Number:	CM14-0003709		
Date Assigned:	01/31/2014	Date of Injury:	09/19/2001
Decision Date:	07/03/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/09/2014

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 Orthopaedic Surgery 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 records presented for review note that this 54 year-old individual sustained an injury in September 2001. A December 2013 evaluation did not certify the request. The clinical evaluation presented for review dated October 28, 2013 indicated that there is increased pain and symptomology associated with colder weather. A trial of acupuncture has been completed and no noted efficacy is identified. Multiple analgesic medications are prescribed. The request for treatment dated February 2014 noted a chronic pain and a reflex sympathetic dystrophy diagnosis. Progress notes from February 3, 2014 indicated a chronic bilateral upper extremity CRPS. A stellate ganglion block was completed in September 2013. Marginal efficacy is noted. Multiple preparations are also prescribed for this individual. There is no indication of amelioration of the pain symptomology going back 6 months in the progress notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 ACUPUNCTURE SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: When considering the date of injury, the injury sustained, the multiple interventions and the parameters outlined in the acupuncture guidelines, there is no clinical indication for an additional 12 sessions. At most, acupuncture duration is 1 to 3 times a week for one or 2 months. Therefore, the standards are not met and this request is not clinically indicated.

12 MONTH GYM MEMBERSHIP: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter updated April 14, 2014.

Decision rationale: As noted in the MTUS, a physical therapist should educate on a home exercise protocol. Additional reference is made to the ODG. The ODG specifically recommends against use of gym memberships particularly as there is no clear indication of any monitoring or supervised treatment by a healthcare professional. There is no data presented to support such a request. With this, the request is not medically necessary.