

Case Number:	CM14-0010734		
Date Assigned:	02/21/2014	Date of Injury:	08/31/2006
Decision Date:	08/11/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	01/27/2014

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 Physical Medicine & 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 53-year-old female who has submitted a claim for tendonitis, generalized pain, and neck, upper arm, and wrist strain/sprain associated with an industrial injury date of August 31, 2006. Medical records from 2013 to 2014 were reviewed. The patient complained of chronic neck pain with radiculopathy in the upper extremities bilaterally with numbness, tingling, and weakness. Physical examination showed well healed incision over the operative site. Treatment to date has included NSAIDs, opioids, anticonvulsants, muscle relaxants, narcotics, acupuncture, physical therapy, and surgeries. Utilization review from January 20, 2014 denied the request for 12 acupuncture visits for cervical, right shoulder/right wrist because there was no documentation of efficacy that would support additional treatment. The request for 12 physical therapy visits cervical, right shoulder/right wrist was denied because previous 12 sessions of physical therapy should suffice to transition the claimant to a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 ACUPUNCTURE VISITS CERVICAL, RIGHT SHOULDER/RT WRIST: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Page 1 of the CA MTUS Acupuncture Medical Treatment Guidelines states that treatments may be extended if functional improvement is documented (a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation), for a total of 24 visits. In addition, CA MTUS does not consistently and overwhelmingly support the use of acupuncture in the management of shoulder injuries. In this case, acupuncture was prescribed to help cure, reduce pain, increase functional capacity, and avoid deconditioning. The patient had previous acupuncture sessions. However, the total number of acupuncture visits and specific body parts treated were not clearly stated. In addition, there was no documentation of functional gains from previous acupuncture sessions. Furthermore, recent progress notes lack physical examination findings needed to demonstrate functional restrictions. The current physical and functional status of the patient is unknown. Therefore, the request for 12 acupuncture visits for cervical, right shoulder/right wrist are not medically necessary.

12 PHYSICAL THERAPY VISITS CERVICAL ,RIGHT SHOULDER ,RIGHT WRIST:
Upheld

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

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

Decision rationale: Pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. In this case, the patient had previous physical therapy sessions. However, the total number of physical therapy sessions and specific body parts treated were not clearly stated. In addition, there was no documentation of functional gains from previous physical therapy sessions. Furthermore, recent progress notes lack physical examination findings needed to demonstrate functional restriction. The current physical and functional status of the patient is unknown. Therefore, the request for 12 physical therapy visits for cervical, right shoulder/right wrist are not medically necessary.