

Case Number:	CM14-0012119		
Date Assigned:	03/07/2014	Date of Injury:	01/10/2011
Decision Date:	06/30/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	01/30/2014

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 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 injured worker is a 45-year-old male who reported an injury on 01/10/2011 secondary to an unknown mechanism of injury. The injured worker was evaluated on 11/04/2013 for reports of lumbar spine, right knee, and bilateral foot pain. The injured worker indicated physical therapy was helpful and acupuncture helped manage pain. The exam noted tenderness to palpation of the right knee with crepitus and positive McMurray's sign. The lumbar spine exam noted tenderness to palpation and a positive straight leg raise. The bilateral foot exam noted tenderness to palpation, increased pain with plantar flexion and dorsiflexion. The diagnoses included right knee strain, lumbar spine sprain/strain, bilateral foot plantar fasciitis, and cervical spine sprain/strain. The treatment plan included additional acupuncture and physical therapy and a possible MRI of the right knee. The request for authorization dated 11/04/2013 without rationale for the request was noted in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE GUIDELINES.

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

Decision rationale: The request for physical therapy two (2) times a week for four (4) weeks is non-certified. The California MTUS Guidelines state that therapy can be beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The guidelines further recommend a total of 9-10 visits. The case notes indicate the injured worker has already received a total of 8 physical therapy visits. Although there is objective findings of pain, there is a significant lack of objective finding of functional limitations. There is a lack of evidence of the efficacy of the previous treatment. Furthermore, the request for 8 more sessions of physical therapy, combined with the previous 8 sessions of physical therapy exceeds the recommended number of sessions. Therefore, the request is not medically necessary.

ACUPUNCTURE TWO (2) TIMES A WEEK FOR THREE (3) WEEKS: 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 acupuncture two (2) times a week for three (3) weeks is non-certified. The California MTUS Guidelines recommend acupuncture as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used 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. Time to produce functional improvement is 3 to 6 treatments. Acupuncture treatments may be extended if functional improvement is documented. The case notes indicated the injured worker had already completed 6 sessions of acupuncture. There is a lack of evidence of pain medication intolerance or reduction or surgical intervention. Although there is objective findings of pain, there is a significant lack of objective finding of functional improvement with the previous treatments. Furthermore, the request for 6 more sessions of acupuncture, combined with the previous 6 sessions of acupuncture exceeds the recommended number of sessions. Therefore, the request is not medically necessary.