

Case Number:	CM14-0113672		
Date Assigned:	08/01/2014	Date of Injury:	09/20/2013
Decision Date:	09/22/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/18/2014

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 Illinois. 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 48-year-old female who reported an injury on 09/20/2013. On 06/23/2014, the injured worker presented with right wrist, right shoulder, left shoulder pain and stinging sensation in the fingers. Upon examination the left eye was red and the injured worker's chest was clear with continuous rhythm heartbeat. The cervical spine was tender with muscle spasms at the C2-7 level and the right elbow was medially tender with a positive Tinel's. The diagnoses were cervical/thoracic/lumbar sprain/strain, bilateral wrist pain/sprain, bilateral hand sprain, right elbow ankylosis and rule out arthritic changes in hands. Prior treatments included medications. The provider recommended physical therapy and acupuncture treatment. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Preface Physical Medicine Treatment.

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

Decision rationale: The request for physical therapy 2 times 4 is not medically necessary. The California MTUS states that active therapy 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There is lack of documentation indicating the injured worker's prior course of physical therapy, as well as the efficacy of the prior therapy. The guidelines recommend 10 visits of physical therapy, the amount of physical therapy visits that have already been completed was not provided. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The provider's request does not indicate the site that the physical therapy is intended for in the request as submitted. As such, the medical necessity has not been established.

Acupuncture 1 x 4 weeks for cervical, thoracic, lumbar, bilateral hands and right elbow:
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 1 times 4 weeks for the cervical, thoracic, lumbar, bilateral hands and right elbow is not medically necessary. The California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated. It must be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Frequency and duration of acupuncture may be performed within 3 to 6 treatments, 1 to 3 times a week with an optimum duration of 1 to 2 months. There is lack of documentation that the injured worker intended for reduced medication or is intolerant of medication. Additionally, the amount of acupuncture visits that the injured worker already completed was not provided. The efficacy of the prior treatment has not been submitted. As such, medical necessity has not been established.