

Case Number:	CM14-0114559		
Date Assigned:	08/04/2014	Date of Injury:	07/12/2007
Decision Date:	11/12/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/21/2014

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 underlying date of injury in this case is 7/12/2007. The medical records were reviewed. The date of the Utilization Review under appeal is 7/30/2014. On 7/2/2014 the patient was seen in primary treating physician follow-up regarding a claw hand on the left, bilateral cubital tunnel syndrome, right knee arthritis, right shoulder tendinitis, herniated disc in the lumbar spine, multiple cervical protrusions, right wrist triangular fibrocartilage tear, De Quervain's tenosynovitis, and a left knee meniscal tear. An initial physician review of 6/30/2014 discusses a physician follow-up note of 6/23/2014 which references a request for physical therapy and acupuncture. That office note is not available at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Lumbar Spine three (3) times a week for six (6) weeks QTY: 18: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic Pain Medical Treatment Guidelines, section on Physical Medicine, pages 99

recommends transition to an independent home rehabilitation program. This would particularly seem to be applicable in an injury such as this which is 7 years old. The medical records do not provide a rationale for additional supervised rather than independent physical therapy at this time. Such a rationale would particularly be necessary given the prolonged request for physical therapy at this time of 18 sessions. At this time this request for physical therapy is not supported by the medical records and guidelines. This request is not medically necessary.

Acupuncture Lumbar Spine three (3) times a week for six (6) weeks QTY: 18: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California Medical Treatment Utilization Schedule Acupuncture Medical Treatment Guidelines page 8, section 24.1 states that acupuncture can be used as an adjunct to hasten functional recovery. The guideline recommends an optimum number of treatments of 3-6. It is not clear why acupuncture would be indicated in this chronic setting 7 years after an injury, nor is it clear why 18 sessions of acupuncture would be indicated either for initial or additional acupuncture. This request is not supported by the treatment guidelines. Overall this request is not medically necessary.