

Case Number:	CM14-0127765		
Date Assigned:	09/16/2014	Date of Injury:	07/17/2011
Decision Date:	11/06/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/12/2014

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 Occupational Medicine 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:

According to the records made available for review, this is a 66-year-old male with a 7/17/11 date of injury, and right total knee replacement on 6/5/14. At the time (5/28/14) of request for authorization for Acupuncture 2 x 6 (unspecified body part(s)) and Physiotherapy 1 x 6 (unspecified body part(s)), there is documentation of subjective (bilateral shoulder, elbow, wrist, knee, and ankle pain) and objective (decreased bilateral shoulder, elbow, and knee range of motion) findings, current diagnoses (bilateral shoulder sprain/strain, bilateral elbow sprain/strain, bilateral wrist sprain/strain, bilateral knee sprain/strain, and bilateral ankle sprain/strain), and treatment to date (medications and previous physical therapy treatments). The specific body part(s) to be addressed cannot be determined. Regarding Acupuncture, there is no documentation that acupuncture is used as an adjunct to physical rehabilitation and/or medical intervention to hasten functional recovery, 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 reduces muscle spasm. Regarding Physiotherapy, the number of previous physical therapy sessions cannot be determined. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of physical therapy provided to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 6 (unspecified body parts): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS Acupuncture Medical Treatment Guidelines identifies that acupuncture may be used 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, 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. In addition, MTUS Acupuncture Medical Treatment Guidelines allow the use of acupuncture for musculoskeletal conditions for a frequency and duration of treatment as follows: Time to produce functional improvement of 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. Within the medical information available for review, there is documentation of diagnoses of bilateral shoulder sprain/strain, bilateral elbow sprain/strain, bilateral wrist sprain/strain, bilateral knee sprain/strain, and bilateral ankle sprain/strain. However, there is no documentation that acupuncture is used as an adjunct to physical rehabilitation and/or medical intervention to hasten functional recovery, 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. In addition, the requested 12 acupuncture treatment exceeds guidelines (for an initial trial). Furthermore, the specific body part(s) to be addressed cannot be determined. Therefore, based on guidelines and a review of the evidence, the request for Acupuncture 2 x 6 (unspecified body parts) is not medically necessary.

Physio therapy 1 x 6 (unspecified body part(s)): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 474.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation Ankle & Foot, Knee & Leg, AND Forearm, Wrist, & Hand (Acute & Chronic), Physical therapy Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with diagnoses of ankle/foot sprain, sprains and strains of elbow, and sprains and strains of wrist not to exceed 9 visits over 8 weeks, for patients with a diagnosis of sprained shoulder not to exceed 10 visits over 8 weeks, and for patients with a diagnosis of

sprains and strains of knee not to exceed 12 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of bilateral shoulder sprain/strain, bilateral elbow sprain/strain, bilateral wrist sprain/strain, bilateral knee sprain/strain, and bilateral ankle sprain/strain. In addition, there is documentation of previous physical therapy treatments. Furthermore, given documentation of subjective (bilateral shoulder, elbow, wrist, knee, and ankle pain) and objective (decreased bilateral shoulder, elbow, and knee range of motion) findings, there is documentation of functional deficits and functional goals. However, there is no documentation of the number of previous physical therapy sessions and, if the number of treatments have exceeded guidelines, remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of physical therapy provided to date. Furthermore, the specific body part(s) to be addressed cannot be determined. Therefore, based on guidelines and a review of the evidence, the request for physical Physiotherapy 1 x 6 (unspecified body parts) is not medically necessary.