

Case Number:	CM14-0134824		
Date Assigned:	08/27/2014	Date of Injury:	03/13/2014
Decision Date:	10/02/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/21/2014

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 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:

This is a 39-year-old female with a 3/13/14 date of injury, when she fell on the counter and developed severe pain and tightness at the trunk and left side of her thigh. The progress note dated 6/11/14 stated that the patient accomplished 6 sessions of physical therapy (PT) with no significant improvement. The patient was seen on 7/14/14 with complaints of pain and discomfort in the left neck and left lower back. The pain was 8/10 constant, achy and sharp radiating into the left arm and left leg and was associated with weakness and numbness. Exam findings revealed decreased range of motion with tenderness and pain in the cervical and lumbar spine. The Spurling's, Lhermitte and straight leg raising tests were negative. The patient had normal sensation, normal muscle strength and normal reflexes. The note stated that the patient accomplished 12 sessions of PT and the request for additional 6 sessions of PT was made. The diagnosis is strain/sprain of the hip, thigh and chest wall and sciatica. Treatment to date: 12 sessions of physical therapy, work restrictions and mediations. An adverse determination was received on 7/23/14. The request for Physical therapy 2 x 3 neck, low back, and left thigh was denied given that the patient accomplished 12 sessions of PT and there was no documentation of functional improvement. The request for Acupuncture 2 x 3 lumbar, left thigh, and neck was approved to produce functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 3 neck, low back, and left thigh: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 114,Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99.

Decision rationale: CA MTUS 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. The progress note dated 7/14/14 indicated that the patient accomplished 12 sessions of PT. However, there is a lack of documentation indicating any subjective or objective functional gains from the treatment. In addition, there is no rationale with regards to the additional sessions of PT and it is not clear, why the patient cannot transition into an independent home exercise program. Therefore, the request for Physical therapy 2 x 3 neck, low back, and left thigh is not medically necessary.

Acupuncture 2 x 3 lumbar, left thigh, and neck: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 114,Acupuncture Treatment Guidelines.

Decision rationale: CA MTUS/ACOEM guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, with frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician is paramount. In addition, Acupuncture Medical Treatment Guidelines state 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. Furthermore, guidelines state that time to produce functional improvement of 3 - 6 treatments. The UR decision dated 7/23/14 approved the request for Acupuncture 2 x 3 lumbar, left thigh, and neck. Therefore, the additional request for Acupuncture 2 x 3 lumbar, left thigh, and neck is not medically necessary.