

Case Number:	CM14-0139356		
Date Assigned:	09/05/2014	Date of Injury:	01/18/2014
Decision Date:	11/06/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/28/2014

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, has a subspecialty in Pain 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:

The injured worker is a 25-year-old female who sustained an injury on 1/18/14. No reports documenting subjective and objective findings were available. The only reports available for review are the magnetic resonance imaging (MRI) procedure reports dated 7/1/14 of the left elbow, left wrist, left shoulder, and cervical spine. MRI of the left shoulder revealed minimal subacromial and subscapularis bursitis and minimal glenohumeral joint effusion. MRI of the cervical spine revealed straightening of the cervical spine, early disc desiccation at C3-4 level, mucosal thickening in both maxillary sinuses and mild cerebellar tonsillar herniation of less than 5 mm. MRI of the left elbow and left wrist were normal. Anatomical Impairment Measurements report of cervical spine on 7/8/14 revealed transitional motion integrity findings of C2-T1 were all normal but angular motion integrity findings of C3-5 were abnormal. It was also found that there were mild degenerative changes at C3-4. Anatomical Impairment Measurements report of left wrist showed 0% impairment of the wrist for carpal instability. As per the medical record review dated 8/1/14, she complained of moderate left wrist pain with occasional radiation to the left shoulder, and had acupuncture treatment as well as physical therapy with slight relief. No other information was available. The request for physical therapy and acupuncture for cervical, left shoulder, left elbow, and left wrist 2x4 was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Shoulder, & Wrist

Decision rationale: As per CA MTUS guidelines, physical medicine 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. ODG recommends 9 visits over 8 weeks for intervertebral disc disorders without myelopathy, 10 physical therapy visits over 8 weeks for shoulder impingement syndrome, and 8 physical therapy visits over 5 weeks for elbow epicondylitis. In this case, the injured worker has already received unknown number of physical therapy visits. However, there is little to no documentation of any significant improvement in the objective measurements (i.e. pain level, range of motion, strength or function) with physical therapy to demonstrate the effectiveness of this modality in this injured worker. There is no evidence of presentation of any new injury / surgical intervention. Furthermore, there is no mention of the patient utilizing an HEP (At this juncture, this patient should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels). Furthermore, the body part(s) to be treated and the number of physical therapy visits have not been specified. Moreover, additional PT visits would exceed the guidelines criteria. Therefore, the request for Physical Therapy is not medically necessary.

Acupuncture Cervical, Left Shoulder, Left Elbow, Left Wrist 2x4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: "Acupuncture" is 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. Frequency and duration of acupuncture may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments, (2) Frequency: 1 to 3 times per week, (3) Optimum duration: 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. In this case, the medical records do not establish the injured worker is a candidate for Acupuncture as the criteria are not met; there is no evidence that the pain medications being reduced or not tolerated. There is no documentation of any significant improvement in pain level or function with prior treatments. The medical necessity for Acupuncture is not established in accordance to guidelines. Therefore the request is not medically necessary.