

Case Number:	CM14-0159911		
Date Assigned:	10/03/2014	Date of Injury:	04/27/2009
Decision Date:	12/15/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	09/29/2014

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:

This is a 42-year-old female with a 4/27/09 date of injury. The patient was seen on 7/21/14 with complaints of numbness in the left arm. Exam findings revealed 1+ spasm and tenderness in the cervical spine, spasm and tenderness in the lumbar spine and tingling and numbness in the right medial elbow. The progress note stated that the acupuncture helped the patient. The diagnosis is cervical and lumbar sprain/strain. Treatment to date: work restrictions, acupuncture, physical therapy and medications. An adverse determination was received on 9/22/14 for a lack of documentation indicating that the patient was actively seeking physical rehabilitation or surgical intervention for the alleged injuries and a lack of functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture 2 times 6 cervical/lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter, page 114

Decision rationale: CA MTUS Acupuncture Medical Treatment Guidelines state that treatments may be extended if functional improvement is documented (a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation), for a total of 24 visits. However the notes indicated that the patient benefited from the acupuncture treatments, there is a lack of documentation indicating functional improvements. In addition, the number of completed sessions was not specified. Lastly, given that the patient's injury was over 5 years ago, there is no rationale with regards to the necessity for an additional acupuncture sessions for the patient. Therefore, the request for Additional acupuncture 2 times 6 cervical/lumbar was not medically necessary.

Additional physical therapy 1 times 6 cervical /lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS 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. However there is a lack of documentation with subjective and objective functional gains from prior physical therapy treatments. In addition, there is no rationale with clearly specified goals for the patient from an additional physical therapy sessions. Lastly, the number of accomplished physical therapy sessions was not specified and given that the patient's injury was over 5 years ago it is not clear, why the patient cannot transition into an independent home exercise program. Therefore, the request for additional physical therapy 1 times 6 cervical /lumbar was not medically necessary.