

Case Number:	CM14-0160567		
Date Assigned:	10/06/2014	Date of Injury:	10/20/2010
Decision Date:	11/06/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	09/30/2014

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 10/20/2010. The date of the initial utilization review under appeal is 09/23/2014. The patient previously received 18 sessions of acupuncture and 12 sessions of physical therapy. On 08/18/2014, a treating physician PR-2 is handwritten and contains only limited information. That form discusses diagnoses of cervical radiculitis, right shoulder impingement syndrome, bicipital tendinitis, rotator cuff syndrome, rule out carpal tunnel syndrome, overuse syndrome, and headache. The treatment plan is not apparent on those notes. An initial physician utilization review discusses a progress report of 09/15/2014 which is not available at this time and which discussed decreased range of motion of the cervical spine including extension of 30 degrees and plan for treatment to include acupuncture and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Medical Treatment Utilization Schedule Acupuncture Medical Treatment Guidelines section 24.1, page 9, states that acupuncture treatment may be extended if functional improvement is documented, as defined in section 92.20. The medical record is only marginally legible and does not clearly document such functional improvement from past acupuncture. The guidelines have not been met. The request for additional acupuncture is not medically necessary.

Physical therapy 2 times 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on Physical Medicine recommends to allow for fading of treatment frequency plus active, self-directed home physical medicine. The medical records at this time indicate this patient was previously instructed in an independent home exercise program. It is unclear why the patient would require additional supervised, rather than independent, physical therapy. The guidelines do not support this request. This request is not medically necessary.