

Case Number:	CM14-0168577		
Date Assigned:	10/16/2014	Date of Injury:	03/27/2014
Decision Date:	12/11/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/13/2014

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 Interventional Spine 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 patient is a 51-year-old female with a date of injury of 03/27/2014. The listed diagnoses per [REDACTED] are sprain of ankle; sprain of knee and leg; and inguinal hernia not otherwise specified (NOS). According to progress report 09/16/2014, the patient presents with low back, neck, and left ankle pain. The patient rates her pain between 6-7/10. The patient is also complaining of painful hernia. Objective findings noted "decreased ROM neck and back with pain. Inguinal hernia left." Treatment plan is for physical therapy, acupuncture, and medications. Utilization review denied the request on 10/06/2014. Treatment reports from 04/28/2014 through 10/15/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy twice per week for three weeks for the left ankle and knee: 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): 98-99.

Decision rationale: This patient presents with low back, neck, and left ankle pain. The provider is requesting physical therapy twice per week for three weeks for the left ankle and knee. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia and myositis type symptoms 9 to 10 visits over 8 weeks. Review of the medical file provides a comprehensive evaluation report by [REDACTED] from 07/07/2014 which indicates that the patient's has tried medications, physical therapy, and TENS unit, which have "helped somewhat." The number of physical therapy sessions received to date is not documented. The patient has a date of injury of 03/27/2014 and it is noted in report 04/28/2014 and 07/07/2014 that the patient has tried physical therapy which has only helped minimally. In this case, there is no discussion as to why the patient has not transitioned into a self-directed home exercise program. Furthermore, the provider provides no rationale for requesting additional sessions. There is no new injury, new surgery, or new diagnosis that will substantiate the request for additional sessions. Therefore, this request is not medically necessary.

10 visits of Acupuncture for the neck and back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Page(s): 13.

Decision rationale: This patient presents with low back, neck, and left ankle pain. The provider is requesting 10 visits of Acupuncture for the neck and back. For acupuncture, the MTUS Guidelines page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial and with functional improvement, 1 to 2 times per day with optimal duration of 1 to 2 months. The medical file provided for review does not include acupuncture treatment history. In this case, the provider's request for 10 treatments exceeds what is recommended by MTUS. Therefore, this request is not medically necessary.