

Case Number:	CM14-0020548		
Date Assigned:	04/25/2014	Date of Injury:	10/04/2013
Decision Date:	07/07/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/18/2014

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 injured worker is a 39 year old male who reported an injury on 10/04/2013. The mechanism of injury was unclear in the documentation provided. The clinical note dated 01/31/2014 the injured worker reported left thumb pain, cervical spine pain on the left side of neck, lumbar spine pain constant moderate pain, right shoulder pain and knee pain. The provider recommended physical therapy for the cervical spine, thoracic spine, right shoulder, right knee and right thumb x12. The request for authorization was provided and dated 02/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE CERVICAL SPINE, THORACIC SPINE, RIGHT SHOULDER, RIGHT KNEE AND RIGHT THUMB X12: 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): 98-99.

Decision rationale: The injured worker reported pain in the cervical spine, left side of neck, lumbar spine, right shoulder and knee pain which is constant moderate pain. The California MTUS guidelines recommended as indicated below. Passive therapy (those treatment modalities

that do not relieve require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. The guidelines also recommend allowing for fading of treatment frequency, from up to 3 visits per week to 1 or less. The guidelines recommend injured workers should participate in an active self-directed home physical medicine program. For Myalgia and Neuralgia the guidelines recommend up to 10 visits. There is a lack of objective findings indicating the need for physical therapy. The request for 12 visits exceeds the guideline recommendations for an initial trial of 6 visits as well as the overall recommendation. Therefore the request for physical therapy for the cervical spine, thoracic spine, and right shoulder, right knee and right thumb x12 is non-medically necessary and appropriate.

ACUPUNCTURE TO THE CERVICAL SPINE, THORACIC SPINE, RIGHT SHOULDER, RIGHT KNEE AND LEFT THUMB X12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request is for acupuncture to the cervical spine, thoracic spine, right shoulder, right knee and left thumb x12. The injured worker reported pain in the cervical spine, left side of neck, lumbar spine, right shoulder and knee pain which is constant moderate pain. The Acupuncture Medical Treatment Guidelines recommend that "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. The guidelines also note the time to produce functional improvement is within 3-6 treatments. The request for 12 sessions exceeds the guidelines recommendation of an initial trial of 3-6 treatments. There was a lack of documentation indicating the injured worker's pain medication was reduced or not tolerated. There is a lack of objective findings indicating the need for acupuncture. Therefore the request for acupuncture to the cervical spine, thoracic spine, right shoulder, right knee and left thumb x12 is not medically necessary and appropriate.