

Case Number:	CM14-0021775		
Date Assigned:	02/24/2014	Date of Injury:	11/16/2009
Decision Date:	06/26/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/09/2014

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 Internal 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 57 year old female whose date of injury is 11/16/2009. The mechanism of injury is described as continuous trauma. The injured worker presents with neck pain, bilateral wrist and hand pain, right hip pain, bilateral knee pain and low back pain. Report dated 12/10/13 indicates the injured worker currently works with restrictions. Treatment to date is noted to include physical therapy and acupuncture. Diagnostic impression is cervical spine discogenic disease with radiculitis at C5-6, carpometacarpal joint arthrosis right thumb, right carpal tunnel syndrome, lumbar spine discogenic disease at L4-5 with sciatica, and thoracic scoliosis. The injured worker is permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 12 SESSIONS (CERVICAL ,THORACIC AND LUMBAR):

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 98-99

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

Decision rationale: Based on the clinical information provided, the request for twelve physical therapy sessions is not recommended as medically necessary. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. Chronic Pain Medical Treatment Guidelines would support 1-2 visits every 4-6 months for recurrence, flare-up and note that elective/maintenance care is not medically necessary.

12 SESSIONS OF POOL THERAPY (CERVICAL ,THORACIC AND LUMBAR): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 22

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

Decision rationale: Based on the clinical information provided, the request for twelve pool therapy sessions is not medically necessary. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. Chronic Pain Medical Treatment Guidelines would support 1-2 visits every 4-6 months for recurrence, flare-up and note that elective/maintenance care is not medically necessary. There is no clear rationale provided as to why the injured worker is incapable of performing land-based therapy or why there is a need for reduced weightbearing. Given the above the request is not medically necessary.

12 SESSIONS OF OCCUPATIONAL THERAPY (RIGHT WRIST AND HAND): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE, 98-99

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

Decision rationale: Based on the clinical information provided, the request for occupational therapy twelve sessions is not medically necessary. There is no comprehensive assessment of treatment completed to date or the patient's response there to submitted for review. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. Chronic Pain Medical Treatment Guidelines would support 1-2 visits every 4-6 months for recurrence, flare-up and note that elective/maintenance care is not medically necessary.

ACUPUNCTURE X6 ELECTRICAL STIMULATION (CERVICAL ,THORACIC AND LUMBAR): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE MEDICAL TREATMENT, , 1

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the clinical information provided, the request for six acupuncture sessions is not medically necessary. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. The submitted records do indicate that the injured worker has previously undergone acupuncture treatment; however, the injured worker's objective functional response to this treatment is not documented to establish efficacy of treatment as required by Chronic Pain Medical Treatment Guidelines. Therefore the request is not medically necessary