

Case Number:	CM14-0028582		
Date Assigned:	06/16/2014	Date of Injury:	05/27/2012
Decision Date:	07/30/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/06/2014

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 55-year-old female who reported an injury on 05/27/2012, when she was struck by a swinging door. The injured worker has a history of pain to her lumbar spine. Upon examination dated 04/18/2014, the injured worker complained of persistent pain in her left hand that radiated along the thumb, wrist, and forearm. She also had pain in the shoulder. Upon examination, there was mild grinding at the carpometacarpal (CMC) joint. The flexion and extension of the wrists were at 80/80 degrees. There was pain over the dorsal aspect of the wrist as well as the snuff box. The injured worker was having therapy for her shoulder. The injured worker had received 2 injections over the CMC joint, after both injections the injured worker stated she was still having pain. There was no short-term relief. The injured worker had previous x-rays of the left first CMC joint which showed mild spurring. Upon exam on 04/08/2014, the injured worker stated there was no change since her last visit. She continued to have low back pain, bilateral hip, and bilateral leg pain. An MRI was completed on 11/23/2013 and revealed multilevel lumbar disc disease. The injured worker was recovering from a left ankle/left foot reconstruction on 09/06/2013 and walks with a cane. The pain level was a 7/10. The injured worker had diagnoses of lumbar disc disease, left and right lumbar radicular symptoms, right knee pain and bilateral leg pain. Medications include Simvastatin, Glucosamine, Claritin, Prilosec, and Etodolac. The surgeries were colon surgery and left foot surgery. The treatment request is for 12 visits of physical therapy and 12 visits of acupuncture. The Request for Authorization Form and the rationale for the request were not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve visits of physical therapy: 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 has a history of pain to the back, neck, shoulder, and myofascitis. The California MTUS Guidelines recommend physical therapy 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis. The injured worker has completed an unknown number of physical therapy sessions without improvement. There is no documentation indicating the provider's rationale for the physical therapy. There is also a lack of details regarding functional deficits on physical examination to support the need for physical therapy. The request does not state which site is to have physical therapy. As such, the request for 12 visits for physical therapy visits for the cervical spine (neck), 3 times a week for 4 weeks, is not medically necessary.

Twelve visits of acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The injured worker has a history of back and hand pain. 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. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The guidelines recommend 3 to 6 treatments in order to produce effects. Thereafter, the guidelines recommend a frequency of 1 to 3 times per week with an optimum duration of 1 to 2 months. There is no documentation to warrant the use of acupuncture at this time. There is insignificant documentation as to any other conventional treatments being tried as a first line of pain relief. There is a lack of documented evidence that the injured worker's medications were not tolerated or were reduced. As such, the request for 12 visits of acupuncture is not medically necessary.