

Case Number:	CM14-0066996		
Date Assigned:	07/11/2014	Date of Injury:	05/03/2013
Decision Date:	09/10/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/12/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic mid back, neck, shoulder, low back, hand, and wrist pain reportedly associated with an industrial injury of May 3, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical compounds; unspecified amounts of physical therapy, chiropractic manipulative therapy, and extracorporeal shockwave therapy; and functional capacity testing. In a Utilization Review Report dated April 25, 2014, the claims administrator denied a request for eight sessions of physical therapy and/or acupuncture. The claims administrator stated that the attending provider's documentation did not make it clear how much prior acupuncture the applicant had or had not had. The claims administrator cited chapter 6 ACOEM Guidelines in its denial, it is incidentally noted, and mislabeled the same as originating from the MTUS. The applicant's attorney subsequently appealed. In a handwritten note dated March 4, 2014, the applicant was described as having no pain, "0/10. The note was sparse, handwritten, and difficult to follow. MRI imaging of the cervical spine, lumbar spine, thoracic spine, and right shoulder were sought, along with eight sessions of physical therapy and acupuncture. The applicant was asked to continue extracorporeal shockwave therapy and obtain functional capacity testing. The note employed preprinted checkboxes and furnished little or no narrative commentary. A 25-pound lifting limitation was endorsed, although it does not appear that the applicant is working with said limitation in place. In an earlier handwritten note dated November 25, 2013, eight sessions of physical therapy were endorsed, once again through preprinted checkboxes. On December 26, 2013, the applicant was again asked to obtain eight additional sessions of physical therapy. On February 3, 2014, eight additional sessions of physical therapy were ordered for multifocal neck,

mid back, low back, and bilateral shoulder pain. The same 25-pound lifting limitation was once again endorsed. The attending provider's documentation was extremely difficult to follow. On July 7, 2014, eight sessions of physical therapy and acupuncture were once again ordered while the applicant has returned to work with the same 25-pound lifting limitation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Medicine, Acupuncture Thoracic Spine two (2) times four (4): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Pain, Suffering, and the Restoration of Function Chapter (page 114).

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Page(s): 8.

Decision rationale: The request in question does represent a renewal request for both physical therapy and acupuncture. As noted on page 8 in the MTUS Chronic Pain Medical Treatment Guidelines and MTUS 9792.24.1.d, there must be demonstration of functional improvement at various milestones in the treatment program to justify continued treatment. In this case, the applicant has failed to demonstrate any lasting benefit or functional improvement as defined in the MTUS 9792.20f through prior extensive physical therapy and acupuncture. The applicant does not appear to be working with a rather proscriptive 25-pound lifting limitation in place. The applicant remains highly reliant and highly dependent on other forms of medical treatment, including topical compounds, extracorporeal shockwave therapy, etc. All of the above, taken together, suggest a lack of functional improvement as defined in section 9792.20f despite completion of earlier physical therapy and acupuncture in unspecified amounts during the life of the claim therefore this request is not medically necessary.