

Case Number:	CM14-0067137		
Date Assigned:	07/11/2014	Date of Injury:	03/31/2011
Decision Date:	08/14/2014	UR Denial Date:	04/23/2014
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 Physical Medicine & 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 64 years old female with an injury date on 03/31/2011. Based on the 04/11/2014 progress report provided by [REDACTED], the diagnoses are: Chronic left cervical strain and myofascial pain; Cervical spondylosis with left cervical radiculopathy; the patient is postoperative for left carpal and cubital tunnel syndromes and bilateral de Quervain's. According to this report, the patient complains of neck pain and left upper extremity radiating pain. The patient rated the pain at a 4/10. Spurling's test was positive and produced pain radiating to the left triceps. Tenderness to palpation at the left mid and lower cervical paraspinals and upper trapezius muscles with guarding and spasms. On the 03/07/2014 report state the patient had a left ulnar nerve transposition (8-10 months ago 2013). There were no other significant findings noted on this report. [REDACTED] is requesting 8 sessions of physical therapy and 8 sessions of acupuncture for the cervical spine and left wrist. The utilization review denied the request on 04/23/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/06/2013 to 05/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Sessions of Physical therapy on the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98, 99.

Decision rationale: According to the 04/11/2014 report by [REDACTED] this patient presents with neck pain and left upper extremity radiating pain. The treater is requesting 8 sessions of physical therapy for the cervical spine. The UR denial letter states the patient has had a total of 14 certified sessions form 10/03/2013 to 02/24/2014. For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of available reports show that the patient completed 4 sessions of physical therapy to date with improvement. On the 03/07/2014 report indicated the patient overall feeling better by 30-40%. The treater would like the patient to continue for additional 8 sessions but it is not known why the patient is not able to transition into a home exercise program. MTUS only allows up to 10 sessions of therapy for the kind of condition this patient suffers from. Eight sessions combined with 4 sessions would exceed this number. Therefore, the request is not medically necessary.

8 Sessions Acupuncture on the Cervical Spine and Left Wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the 04/11/2014 report by [REDACTED] this patient presents with neck pain and left upper extremity radiating pain. The treater is requesting 8 sessions acupuncture for the cervical spine and left wrist. For acupuncture, MTUS Guidelines page 8 recommends acupuncture for pain suffering and restoration of function. Recommended frequency and duration is 3 to 6 treatments to produce functional improvement 1 to 2 times per year with optimal duration of 1 to 2 months. In this case, medical records from 01/06/2013 to 05/19/2014 do not indicate that this patient has had any prior acupuncture treatments. An initial course of 3 to 6 may be warranted but the requested 8 visits exceed what is recommended by MTUS Guidelines. Therefore, the request is not medically necessary.