

Case Number:	CM14-0069028		
Date Assigned:	07/14/2014	Date of Injury:	06/05/2013
Decision Date:	09/15/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/14/2014

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 and Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 34 year-old with a date of injury of 06/05/13. A progress report associated with the request for services, dated 04/03/14, identified subjective complaints of neck and low back as well as bilateral shoulder pain. Objective findings included decreased and painful range of motion of the cervical and lumbar spines and right shoulder. There was tenderness of the right wrist. Diagnoses included cervical and lumbar sprain/strain and right carpal tunnel syndrome. Treatment had included 24 acupuncture sessions and 18 physical therapy sessions. A Utilization Review determination was rendered on 04/14/14 recommending non-certification of "Additional Acupuncture x 6, right shoulder; Additional Physical Therapy x 12, bilateral shoulders and neck; and Contour Pillow".

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture, 6 sessions, right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) states that acupuncture is used as an option when pain medication is reduced or not tolerated, or as an

adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It further states that 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 frequency and duration of acupuncture is listed as:- Time to produce functional improvement: 3 to 6 treatments.- Frequency: 1 to 3 times per week.- Optimum duration: 1 to 2 months.It is noted that acupuncture treatments may be extended if functional improvement is documented.In this case, the optimum duration of acupuncture has been exceeded (24 sessions). The medical record does not document adequate functional improvement to extend the treatments. Therefore, there is no documented medical necessity for additional acupuncture as requested.

Additional Physical Therapy, 12 sessions, bilateral shoulders and neck: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Physical Therapy.

Decision rationale: The Chronic Pain section of the Medical Treatment Utilization Schedule (MTUS) recommends physical therapy with fading of treatment frequency associated with "... active therapies at home as an extension of the treatment process in order to maintain improvement levels." Specifically, for myalgia and myositis, 9-10 visits over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks. The Official Disability Guidelines (ODG) states that for shoulder strain and impingement or rotator cuff syndrome, 10 visits over 8 weeks are recommended. They further state that for neck strain, 10 visits over 8 weeks are recommended. For cervical disc disease and radiculopathy, 10-12 visits over 8 weeks.The patient has received 18 previous physical therapy sessions. An additional 12 sessions are requested, which exceeds the recommended visits. Functional improvement must be clearly defined for additional physical therapy. In this case, the record does not document previous functional improvement and therefore, 12 additional physical therapy sessions are not medically necessary.

Contour Pillow: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Neck & Upper Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, Pillow.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) does not address contour pillows. The Official Disability Guidelines (ODG) state that pillows are recommended for neck support while sleeping. The non-certification was based upon lack of a clear rationale

for the pillow. However, the record documents cervical pathology. Therefore, there is documented medical necessity for a contour pillow.