

Case Number:	CM14-0073970		
Date Assigned:	07/16/2014	Date of Injury:	12/03/2013
Decision Date:	08/14/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/21/2014

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 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:

This 58-year-old patient sustained an injury on 12/3/13 when a pallet landed on her while bending over. Request(s) under consideration include additional physical therapy 2 times per week for 6 weeks for right ankle and acupuncture 2 times per week for 6 weeks in treatment of the cervical and thoracic spine. Diagnoses list blunt head trauma with concussion, cervical spine degenerative disc disease C4-7, thoracic spine acute to subacute mild to moderate non-displaced compression fracture T2-5, and L1/ disc protrusion at T6-7/calcification of vertebral margins T6, T7; lumbar spine disc degeneration L3-4 and L5-S1/ disc protrusion; right ankle partial tear of anterior talofibular ligament and partial versus complete tear of calcaneofibular ligament/ bone bruising of cuboid and antero/lateral edema; and depression. Report of 3/13/14 from the provider noted the patient wears a brace and has not experienced further injuries; seen by another provider on 2/27/14 with no signs of nerve damage; currently complains of neck and upper/lower back pain with limited and painful range and is wearing the turtle shell and ankle braces. Report of 4/17/14 from the provider noted the patient has completed 3 of 12 authorized physical therapy visits to right ankle since 4/2/14; complaints of dizziness, losing her sight; neck pain and stiffness with cramping/tension to neck and head; constant mid/low back pain with reduced range of motion; patient is wearing a turtle shell brace; constant right ankle pain with reduced range of motion (ROM) but some relief with therapy; currently wearing a brace. Request(s) for additional physical therapy 2 times per week for 6 weeks for right ankle and acupuncture 2 times per week for 6 weeks in treatment of the cervical and thoracic spine was non-certified on 4/30/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional PT 2x6 for Right Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Comp- Neck and Upper Back. Physical Medicine Guidelines.

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

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the physical therapy treatment already rendered including milestones of increased range of motion (ROM), strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal physical therapy in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The additional physical therapy 2 times per week for 6 weeks for right ankle is not medically necessary and appropriate.

Acupuncture 2x6 for Cervical and Thoracic Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines -Treatment in Workers Comp (ODG-TWC), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: It is not clear if the patient has participated in previous acupuncture. Current clinical exam show no specific physical impairments or clear dermatomal/ myotomal neurological deficits to support for treatment with acupuncture to the cervical and thoracic spine. The patient has been certified physical therapy without documented functional improvement. There are no clear specific documented goals or objective measures to identify for improvement with a functional restoration approach for this injury with ongoing unchanged chronic pain complaints. MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional

improvement. Submitted reports have not demonstrated the medical indication to support this request or specific conjunctive therapy towards a functional restoration approach for 12 acupuncture visits, beyond guidelines criteria for initial trial. The acupuncture 2 times per week for 6 weeks in treatment of the cervical and thoracic spine is not medically necessary and appropriate.