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| Case Number: | CM14-0083531 | | |
| Date Assigned: | 07/28/2014 | Date of Injury: | 05/23/2006 |
| Decision Date: | 09/26/2014 | UR Denial Date: | 05/27/2014 |
| Priority: | Standard | Application Received: | 06/04/2014 |

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 65-year-old male with an injury date of May 23, 2006. He was diagnosed with (a) status post total knee replacement, right ; (b) back pain and sciatica; (c) left knee pain and (d) bilateral shoulder pain, status post endoscopy. In the most recent progress note dated April 29, 2014 it was indicated that the injured worker is being evaluated and treated for his low back pain. He reported that he received improvement from physical therapy as well as acupuncture treatment which he alternates one visit per week. It was indicated that the treatments afforded him with decreased pain levels and ability to tolerate his activities of daily living. He complained of pain and discomfort upon rotation, flexion and extension. There were no reports radiating pain, weakness in the legs or thigh as well as bowel or bladder changes. Objective findings for the low back included very mild loss of lumbar lordosis and decreased flexion and extension. Sensation, muscle strength, reflexes and gait patterns were unremarkable and within normal limits. This is a review for the requested eight acupuncture sessions and eight physical therapy sessions to maintain his current activity level and health.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture visits x 8: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: There was nothing in the medical records submitted for review which indicates the medical necessity of the requested treatment at this time. There is no objective documentation that the injured worker after being provided several sessions of this type of treatment modality has achieved functional improvement except for his claim that he has decreased pain and increased activity tolerance. In addition, examination of the lumbar spine only revealed very mild loss of lumbar lordosis and decreased flexion and extension, other objective findings were within normal limits and unremarkable. In addition, the evidenced-based guidelines indicated that acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20 (ef). "Functional improvement" means either a clinically significant improvement in activities of daily living or reduction in work restrictions as measured during history and physical exam and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment. Therefore, it can be concluded that the requested eight sessions of acupuncture are not medically necessary.

Physical therapy x 8: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The medical records received have limited information to support the necessity of eight sessions of physical therapy. It should be noted that it has been eight years since the date of injury and his complaint with regard to the low back has been only addressed recently which indicated that he had endured his pain with the aid of other treatment modalities such as pain medications and steroid injections. There is also lack of documentation of subjective and objective findings to the low back to warrant the request for eight sessions of physical therapy. The only objective finding that was stated in was very mild loss of lumbar lordosis and decreased flexion and extension, other than that all others such as sensation, reflexes, muscle strength and orthopedic tests were unremarkable. Additionally, it should be noted that previous physical therapy sessions have been provided to him and yet he continued to be symptomatic with complaints of persistent pain and discomfort in his low back. As per evidenced-based guidelines, physical therapy is recommended as indicated: Passive therapy (those treatment modalities that do not require energy expenditure on the part of the injured worker) can provide short-term relief during the early phases of pain treatment. It is also indicated to allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. Therefore, it can be concluded that the requested eight sessions of physical therapy is not medically necessary.