

<b>Case Number:</b>	CM14-0087975		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	09/20/2013
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2014

### 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 Nevada. 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 records, presented for review, indicate that this 45-year-old individual was reportedly injured on September 20, 2013. The mechanism of injury was noted as a lifting type event. The most recent progress note, dated May 14, 2014, indicated that there were ongoing complaints of jaw pain, neck pain, low back pain, and upper extremity pain. The physical examination demonstrated tenderness to palpation of the cervical spine, numbness in the upper extremity and decreased strength in the upper extremity. Diagnostic imaging studies were not reported. Previous treatment included physical therapy and medications. A request had been made for additional occupational therapy and acupuncture of the right upper extremity and was not certified in the pre-authorization process on June 6, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy evaluation/ treatment of right upper extremity QTY 24:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**Decision rationale:** When noting the date of injury, the original reported mechanism of injury, the expanding pain complaints with no specific findings noted on physical examination and that no specific diagnosis has been rendered, the medical necessity for physical therapy/occupational therapy is not established. There is insufficient clinical information presented to establish a diagnosis, and an appropriate treatment plan and physical therapy should be performed. Therefore, based on this and an incomplete medical record, this request is not medically necessary.

**Acupuncture of the right upper extremity Qty 12:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

**Decision rationale:** Acupuncture is supported in the MTUS under certain conditions. This is an option when pain medication is reduced or not tolerated. That clinical situation has not been noted in the progress notes reviewed. Therefore, based on the limited clinical information and the progress notes provided, this request is not medically necessary.