

Case Number:	CM14-0188652		
Date Assigned:	11/19/2014	Date of Injury:	12/16/2012
Decision Date:	01/07/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/12/2014

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 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 patient sustained a cumulative repetitive injury to the neck and bilateral upper extremities (elbow, wrists, and hands) on 12/16/12 while employed by [REDACTED]. Request(s) under consideration include Physiotherapy one time a week for six weeks, Neck, Bilateral Upper Extremities QTY: 6 and Acupuncture one time a week for six weeks, Neck, Bilateral Upper Extremities QTY: 6. Diagnoses include cervical disc degeneration. Conservative care has included medications, chiropractic treatment (18 visits), physical therapy, and modified activities/rest. Report on 9/26/13 from the provider noted the patient had recently completed a rehab program for alcohol abuse. Report of 9/12/14 follow-up noted chronic ongoing neck pain radiating to left arm. Exam showed diffuse cervical spine tenderness with muscle spasm; decreased range; positive cervical compression and shoulder depression testing. Treatment plan included CESI, labs of CBC, CMA7, PTT with INR, UA, PT and medication refills. RFA had acupuncture request not mentioned on report. The request(s) for Physiotherapy one time a week for six weeks, Neck, Bilateral Upper Extremities QTY: 6 and Acupuncture one time a week for six weeks, Neck, Bilateral Upper Extremities QTY: 6 were denied on 10/21/14 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:

Physiotherapy one time a week for six weeks, Neck, Bilateral Upper Extremities QTY: 6:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic)

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 PT treatment already rendered including milestones of increased 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 PT 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 Physiotherapy one time a week for six weeks, Neck, Bilateral Upper Extremities QTY: 6 are not medically necessary.

Acupuncture one time a week for six weeks, Neck, Bilateral Upper Extremities QTY: 6:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Page(s): 8-9.

Decision rationale: MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. It is unclear how many acupuncture sessions the patient has received for this 2012 injury. Submitted reports have not demonstrated the medical indication to support for additional acupuncture sessions as there are no specific objective changes in clinical findings, no report of acute flare-up or new injuries, nor is there any decrease in medication usage as the patient continues with chronic unchanged symptoms without functional improvement. Acupuncture one time a week for six weeks, Neck, Bilateral Upper Extremities QTY: 6 are not medically necessary and appropriate.

