MAXIMUS Federal Services

Case Number:	CM14-0189140		
Date Assigned:	11/20/2014	Date of Injury:	07/11/2011
Decision Date:	01/09/2015	UR Denial Date:	10/10/2014
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 Occupational Medicine 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 applicant is a represented [redacted] employee who has filed a claim for chronic shoulder, wrist, and upper extremity pain with derivative complaints of psychological stress reportedly associated with an industrial injury of July 11, 2011.In a Utilization Review Report dated October 10, 2014, the claims administrator denied a request for six sessions of acupuncture and six sessions of physical therapy for the right upper extremity. The claims administrator invoked the now-outdated 2007 MTUS Acupuncture Medical Treatment Guidelines in its denial. The claims administrator suggested that the applicant had had previous acupuncture in the past. It is further stated that the applicant had not benefitted from earlier physical therapy either. The claims administrator's decision was based on progress notes of September 12, 2014, September 2, 2014, August 7, 2014, and August 4, 2014.The applicant's attorney subsequently appealed.In a March 14, 2014 progress note, the applicant reported 7-8/10 bilateral hand pain, right greater than left. The applicant was using Klonopin, Norco, Desyrel, Neurontin, Motrin, Pamelor, and Celexa, it was acknowledged. It was stated that the applicant was currently receiving acupuncture treatment. The attending provider posited that the applicant might have issues with complex regional pain syndrome (CRPS). It was stated that the applicant might wish to consider stellate ganglion blocks. Neurontin was endorsed. A rather proscriptive 5-pound lifting limitation was also endorsed. It was not stated whether or not the applicant was working with said limitation in place.In an April 11, 2014 progress note, the applicant was permanent and stationary, it was noted. The applicant again reported bilateral hand pain, right greater than left, 8/10. The applicant was using Neurontin, Norco, Pamelor, and Klonopin. The applicant had had physical therapy for multiple body parts, but had not received acupuncture to the back, it was stated. The applicant was status post left and right carpal tunnel release surgeries. A sleep study was sought.On September 12, 2014, the applicant again reported 8/10

bilateral hand pain, reportedly worsened. The applicant was off of work, it was acknowledged. The applicant was given a shoulder corticosteroid injection. The applicant was asked to continue Celebrex and Cymbalta. The applicant was receiving Pamelor, Norco, and Neurontin through another physician for separate Workers' Compensation claim. Unchanged permanent work restrictions were endorsed. The applicant was asked to pursue additional acupuncture and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the upper right extremity, twice weekly for three weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As both the treating provider and claims administrator have acknowledged, the request in question does represent a repeat or renewal request for acupuncture. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.d do acknowledge that acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20f, in this case, however, there has been no such demonstration of functional improvement as defined in section 9792.20f. The applicant is off of work. Permanent work restrictions remain in place, unchanged, from visit to visit, despite earlier acupuncture, furthermore, has failed to curtail the applicant's dependence on various and sundry analgesic and adjuvant medications, including Celebrex, Cymbalta, Neurontin, Norco, and Pamelor. A rather proscriptive 5-pound lifting limitation remains in place, effectively resulting in the applicant's removal from the workplace. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite earlier acupuncture in unspecified amounts over the course of the claim. Therefore, the request for additional acupuncture is not medically necessary.

Outpatient physical therapy for the right upper extremity, twice weekly for three weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic, Functional Restoration Approach to Chronic Pain Management section Page.

Decision rationale: As with the request for acupuncture, the request in question does represent a renewal request. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 24 sessions of treatment for reflex sympathetic dystrophy/complex regional pain syndrome, the diagnosis reportedly present here, this recommendation, however, is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment

Guidelines to the effect that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant is off of work. The applicant has a 5-pound lifting limitation in place, unchanged, from visit to visit. Previous occupational therapy has failed to curtail the applicant's dependence on various and sundry analgesic and adjuvant medications, including Celebrex, Cymbalta, Neurontin, Norco, Pamelor, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request for additional physical therapy is not medically necessary.