

<b>Case Number:</b>	CM14-0197991		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	08/16/2013
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Rehab, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury with a date of injury of 08/16/13 when, while working at a Bank, she developed right and then left arm discomfort while typing. She continues to be treated for a repetitive motion injury. Treatments have included physical therapy and acupuncture. As of 06/10/14 she had completed 11 physical therapy sessions. She was evaluated for acupuncture treatment 06/10/14. The physical examination findings included bilateral cervical and upper extremity tenderness. She had decreased cervical spine range of motion. EMG/NCS testing was done on 07/24/14 and was normal. She was seen by the requesting provider on 09/03/14. She was having bilateral wrist pain and swelling and right elbow pain with numbness and tingling of her hand. Physical examination findings included right trapezius tenderness and muscle spasms, right lateral epicondyle tenderness, and positive right Tinel's and Phalen's testing. Physical therapy and acupuncture treatments were requested. She was working with restrictions. On 11/12/14 the injured worker's condition was unchanged. She was having intermittent bilateral wrist pain. She was receiving acupuncture treatments two times per week. Pain was rated at 7-8/10. The physical examination findings were unchanged.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical therapy/Physiotherapy: 3x4 sessions: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Chronic pain, Physical Medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant is more than one year status post repetitive motion work-related injury and continues to be treated for chronic wrist pain. Treatments have included physical therapy and acupuncture. When seen by the requesting provider, her condition was unchanged. In terms of physical therapy treatment for chronic pain, compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The claimant has no other identified impairment that would preclude him from performing such a program. Therefore additional physical therapy was not medically necessary.

**Additional sessions of Acupuncture: 2x6:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The claimant is more than one year status post repetitive motion work-related injury and continues to be treated for chronic wrist pain. Treatments have included physical therapy and acupuncture. When seen by the requesting provider, her condition was unchanged. The role of acupuncture is addressed in the treatment of chronic pain with a time to produce functional improvement of 3 to 6 treatments. Acupuncture treatments may be extended if functional improvement is documented, meaning either a clinically significant improvement in activities of daily living or a reduction in work restrictions. Guidelines recommend a frequency from 1 to 3 times per week with optimum duration of 1 to 2 months. In this case, there is no documented functional improvement and the requested frequency and number of treatments is in excess of guideline recommendation. Additional acupuncture treatment was not medically necessary.