

Case Number:	CM14-0200958		
Date Assigned:	12/11/2014	Date of Injury:	06/04/2013
Decision Date:	01/29/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/01/2014

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, has a subspecialty in Interventional spine 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 patient is a 42 year old female with the injury date of 06/04/13. Per physician's report 11/10/14, the patient has neck, shoulder, elbow and wrist pain. The patient presents limited range of neck motion. Her cervical flexion is 40 degrees, rotation is 70 degrees bilaterally and lateral flexion is 35 degrees bilaterally. There is tenderness over the delto-pectoral groove and carpal bones. The lists of diagnoses are: 1) Cervical sprain/ strain, R/O HNP 2) Bilateral shoulder sprain/ strain, R/O internal derangement 3) Bilateral elbow sprain/ strain, R/O internal derangement 4) Bilateral wrist pain, R/O carpal tunnel syndrome Per 07/30/14 progress report, the patient had injection on shoulder. The patient "can return to modified duty with restrictions; no repetitive forceful gripping/ grasping, no pushing, pulling or lifting over 10 lbs, no overhead work" X-rays 06/12/14 reveal 1) normal right wrist 2) normal right shoulder 3) a faint thin crescent of calcification is adjacent to the medial epicondyle. The utilization review determination being challenged is dated on 11/21/14. Treatment reports were provided from 05/15/14 to 11/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy times 12 to the bilateral shoulders, cervical, elbows and wrists: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 114. Decision based on Non-MTUS Citation ODG Physical Therapy

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

Decision rationale: The patient presents with pain in her neck, shoulders, elbows and wrists bilaterally. The request is for 12 sessions of physical therapy for neck, shoulders, and elbows and wrists. For non-post-operative therapy treatments, MTUS guidelines page 98 and 99 allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. The review of the reports indicates that the patient has had 12 sessions of physical therapy between 08/18/14 and 09/12/14. Per physical therapy report 09/12/14, "the patient reports reduction in symptoms and improvement in function or more than 25% since the initiating therapy." The same report shows no changes in ROM of shoulder, Flexibility, Strength of shoulder, grasping objects, strength of forearm/wrist between initial report and final report. Review of the reports does not discuss what can be accomplished with additional therapy. It would appear that the patient has had adequate therapy recently. The treater does not explain why the patient is unable to transition in to a home program. The current request for 12 combined 12 already received would exceed what is recommended per MTUS guidelines. The request is not medically necessary.

Acupuncture times 12 to bilateral shoulders, cervical, elbows and wrists: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient presents with pain in her neck, shoulders, elbows and wrists bilaterally. The request is for 12 sessions of acupuncture for neck, shoulders, and elbows and wrists. The patient appears to have not tried acupuncture in the past. MTUS guidelines page 13 allow 3-6 sessions of acupuncture treatments for neck or lower back complaints for an initial trial and up to 1-3 times a week and 1-2 months with functional Improvement. In this case, it may be reasonable to provide an initial trial of 3 to 6 treatments to produce functional improvement. However, the treater is requesting for 12 sessions of acupuncture which exceeds what the guidelines recommend for an initial trial. The current request is not medically necessary.