

Case Number:	CM14-0201488		
Date Assigned:	12/11/2014	Date of Injury:	08/14/2013
Decision Date:	02/25/2015	UR Denial Date:	11/10/2014
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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabn

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 underlying date of injury in this case is 08/14/2013. The date of the utilization review under appeal is 11/10/2014. This patient's primary accepted diagnosis is lumbar disc displacement. A PR-2 form of 10/28/2014 from the treating physician is almost entirely illegible, apparently given to technical issues related to copying of the form. A prior PR-2 form of 09/12/2014 is handwritten and only partially legible with limited data. That form appears to indicate diagnoses of anxiety, carpal tunnel syndrome, lumbar disc bulge, and cervical disc bulge, with a plan for treatment with acupuncture and physical therapy and orthopedic evaluation pending regarding possible carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture twice a week for six weeks for the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California Medical Treatment Utilization Schedule Acupuncture Medical Treatment Guidelines section on acupuncture 24.1 recommends at most 6 initial trial visits of acupuncture. The current request for 12 visits exceeds the guidelines for either initial or subsequent acupuncture, and the records do not provide a rationale for an exception to the guideline. This request is not medically necessary.

Physical Therapy twice a week for six weeks for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on physical medicine, page 99, recommends transition to an independent, active home rehabilitation program. The medical records are limited at this time and do not clearly provide a rationale as to why the patient would require ongoing supervised, rather than independent, home rehabilitation. This request is not medically necessary.