

Case Number:	CM14-0205119		
Date Assigned:	12/17/2014	Date of Injury:	01/23/2014
Decision Date:	02/11/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/08/2014

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 arm and hip pain reportedly associated with an industrial injury of January 26, 2014. In a Utilization Review Report dated November 7, 2014, the claims administrator partially approved a request for six sessions of physical therapy as three sessions of physical therapy and apparently denied six sessions of acupuncture outright. The claims administrator referenced an October 28, 2014 progress note in its determination. The applicant was status post elbow surgery, the claims administrator noted. The claims administrator invoked non-MTUS ACOEM Acupuncture Medical Treatment Guidelines in conjunction with MTUS Acupuncture Medical Treatment Guidelines in its determination. The claims administrator seemingly suggested that acupuncture was a reasonable treatment option only for applicants with palpable trigger points. The claims administrator referenced an October 28, 2014 progress note in its determination. The applicant was status post biceps tendon repair surgery, the claims administrator suggested. The applicant's attorney subsequently appealed. In an October 28, 2014 progress note, the applicant reported persistent complaints of elbow pain status post distal biceps tendon repair surgery on February 10, 2014. The applicant's BMI was 32. The applicant exhibited well-preserved grip strength in the 60-kg range bilaterally with full range of motion and no reproducible tenderness noted about the elbow. 5/5 strength was also appreciated. The applicant was asked to return to work with a rather permissive 30-pound lifting limitation, at a rate of six hours a day. It did appear that the applicant was working with said limitation in place. A six-session trial of acupuncture and six additional sessions of physical therapy were endorsed. The date of surgery, it is incidentally noted, was incongruously reported as February 10, 2014 in one section of the note and as January 28, 2014 in another section of the note. A physical therapy progress note dated October 9, 2014 suggested that the applicant had had 22 cumulative sessions of physical therapy over the course

of the claim as of that point in time. As of a physical therapy note dated October 5, 2014, the applicant stated that his grip strength was only slightly weaker on his right side and further noted that he was making appropriate progress. The applicant was asked to continue strengthening exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Acupuncture Sessions for The Right Biceps: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request in question represented a first-time request for acupuncture. As noted in the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.a, acupuncture can be employed for a wide variety of purposes, including to reduce pain, as an adjunct to physical medicine rehabilitation, to promote relaxation, to reduce muscle spasm, to increase range of motion, etc. The six-session course of acupuncture does conform to the three to six treatments deemed necessary to produce functional improvement in MTUS 9792.24.1.c.1. Introduction of acupuncture was, thus, a worthwhile treatment option on or around the date of the request, October 28, 2014. Therefore, the request was medically necessary.

Physical Therapy 1 Time A Week for 6 Weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic. Page(s): 98.

Decision rationale: As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants are expected to continue active therapies at home as an extension of the treatment process. Here, the applicant was described on an October 28, 2014 progress note, referenced above, as exhibiting well-preserved upper extremity grip strength, 5/5 strength, full range of motion about the injured elbow, etc. The applicant's work restrictions were loosened to lifting articles weighing less than 30 pounds for up to six hours per day. All evidence on file, thus, pointed to the applicant's physical impairment diminishing from visit to visit. It appeared, thus, that the applicant should have been capable of transitioning to self-directed home physical medicine on or around the date of the request, October 28, 2014 given the applicant's favorable progression to date and the progressively diminishing impairment from visit to visit. Therefore, the request was not medically necessary.

