

Case Number:	CM14-0208815		
Date Assigned:	12/22/2014	Date of Injury:	11/06/2012
Decision Date:	02/11/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/12/2014

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 Physical Medicine Rehab 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:

This 61 year-old patient sustained an injury on 11/6/12 when she was hit by a bicyclist after stepping off a bus while employed by [REDACTED]. Request(s) under consideration include Physical therapy 2x6 for the cervical spine, lumbar spine, and right shoulder and Acupuncture 2x6 for the cervical spine, lumbar spine, and right shoulder. Diagnoses include right shoulder rotator cuff syndrome and post-operative adhesive capsulitis of right shoulder; cervical spine strain/sprain; right wrist sprain/strain; lumbar spine strain/sprain; and anxiety/stress and depression. Conservative care has included medications, therapy, and modified activities/rest. Report from the provider noted chronic ongoing neck pain radiating to the right arm; low back radiating to the leg rated at 7-8/10; right shoulder/wrist and hand pain associated with weakness rated at 8/10. Exam showed unchanged findings of decreased cervical spine range with tenderness to paraspinals and trapezius; diffuse decreased sensation at C5, C6, C7, and C8 with normal motor strength at 5/5 on left and 4/5 on right; DTRs 2+; right shoulder with limited motion; painful arc; AC joint tenderness; right wrist with decreased range; positive Phalen's and Tinel's with weak grip; lumbar spine with decreased range; tenderness over paraspinals; 4/5 motor on left and 5/5 on right with decreased sensation diffusely from L4 to S1. Treatment plan included additional PT and acupuncture. The request(s) for Physical therapy 2x6 for the cervical spine, lumbar spine, and right shoulder and Acupuncture 2x6 for the cervical spine, lumbar spine, and right shoulder was modified on 11/14/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x6 for the cervical spine, lumbar spine, and right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation ACOEM, General Approaches: Pain, Suffering, and the Restoration of Function Chapter, page 114

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

Decision rationale: The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic 2012 injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The physical therapy 2x6 for the cervical spine, lumbar spine, and right shoulder is not medically necessary and appropriate.

Acupuncture 2x6 for the cervical spine, lumbar spine, and right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Low Back, and Shoulder Chapters, Acupuncture

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Medical Treatment Guidelines Page(s): 8-9.

Decision rationale: The MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. Submitted reports have not demonstrated the medical indication to support continued acupuncture. Medical reports noted unchanged pain symptoms and clinical findings despite extensive conservative care to include acupuncture for this chronic injury of 2012. The patient remains functionally unchanged from acupuncture treatment visits already rendered. There is no demonstrated functional improvement derived from treatment completed. The Acupuncture 2x6 for the cervical spine, lumbar spine, and right shoulder is not medically necessary and appropriate.