

Case Number:	CM14-0209484		
Date Assigned:	12/22/2014	Date of Injury:	05/26/2013
Decision Date:	02/13/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/15/2014

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 Internal Medicine, has a subspecialty in HPM and is licensed to practice in Pennsylvania. 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 injured worker is a 60-year-old woman with a date of injury of 05/26/2013. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 10/21/2014, 11/11/2014, and 12/09/2014 indicated the worker was experiencing pain in the right shoulder, lower back, right knee, right leg, head, and in both hands. Documented examinations described tenderness in the hands, positive Finkelstein's and Tinel's signs involving both hands, decreased grip strength, decreased sensation following both median nerves, tenderness in the knee joint lines with crepitus, tenderness in the lower back with spasm, and decreased motion in the lower back joints. The submitted and reviewed documentation concluded the worker was suffering from headaches, right wrist tendonitis, lumbar discopathy with right leg pain, right knee internal derangement, and lower back pain with strain. Treatment recommendations included medications, aqua therapy after physical therapy caused improved back and knee pain, additional acupuncture, modified activities, wrist bracing, and follow up care. A Utilization Review decision was rendered on 11/26/2014 recommending non-certification for physical therapy for the right knee twice weekly for four weeks and acupuncture for the right knee twice weekly for four weeks (eight total sessions each).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy twice a week for four weeks for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 474.

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

Decision rationale: The MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time ("fading") should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted and reviewed documentation indicated the worker was experiencing pain in the right shoulder, lower back, right knee, right leg, head, and in both hands. These documents reported the worker completed a course of physical therapy with improved pain intensity. While the specific number of completed sessions was not clearly stated, the Guidelines support transitioning to a home exercise program. There was no discussion supporting the need for additional sessions rather than continuing with a self-directed home program. In the absence of such evidence, the current request for physical therapy for the right knee twice weekly for four weeks is not medically necessary.

Acupuncture twice a week for four weeks for the right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Guidelines recommend the use of acupuncture when pain medication is not tolerated or can be reduced with this treatment. It can also be used alongside rehabilitation and/or surgery to speed recovery. Some accepted goals include a decreased pain level, improved nausea caused by pain medications, increased range of joint motion, improved relaxation with anxiety, and reduced muscle spasms. Acupuncture treatment can include the use of electrical stimulation. Functional improvement is expected within three to six treatments. The Guidelines supports having acupuncture treatments one to three times per week for up to one to two months. The submitted and reviewed documentation indicated the worker was experiencing pain in the right shoulder, lower back, right knee, right leg, head, and in both hands. These records recorded limited descriptions of the results from the recent course of acupuncture and did not indicate the number of completed sessions. Further, the requested number of sessions is more than those generally supported by the Guidelines, and there was no description of special circumstances that would sufficiently support this request. In the absence of such evidence, the current request for acupuncture for the right knee twice weekly for four weeks is not medically necessary.

