

Case Number:	CM14-0218312		
Date Assigned:	01/08/2015	Date of Injury:	03/19/2013
Decision Date:	04/09/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/30/2014

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 30-year-old male who sustained an industrial injury on March 19, 2012. He has reported wrist and hand pain and has been diagnosed with repetitive strain injury, bilateral wrist tendonitis, myofascial pain syndrome, and bilateral wrist strain. Treatment has included pain medication, physical therapy, and electro-acupuncture therapy. Currently the injured worker complains wrist and hand pain with radiation to the wrist and hand bilaterally. There was numbness and tingling sensation of the hand. The treatment plan included physical therapy and pain medications. On December 5, 2014 Utilization Review non-certified physical therapy and myofascial release x 8 for bilateral wrist and electro-acupuncture citing the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy and myofascial release, 8 sessions for bilateral wrists: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation ODG, Wrist, Forearm & Hand, Physical/occupational Therapy.

Decision rationale: Per MTUS CPMTG, physical medicine guidelines state: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD 729.2): 8-10 visits over 4 weeks."The ODG Preface specifies Physical Therapy Guidelines, "There are a number of overall physical therapy philosophies that may not be specifically mentioned within each guideline: (1) As time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency; (2) The exclusive use of 'passive care' (e.g., palliative modalities) is not recommended; (3) Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program; (4) Use of self-directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end; (5) Patients should be formally assessed after a 'six-visit clinical trial' to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. "Per the ODG guidelines: Post-surgical treatment: 20 visits over 10 weeks. Sprains and strains of wrist and hand (ICD9 842):9 visits over 8 weeks. Sprains and strains of elbow and forearm (ICD9 841): Medical treatment: 9 visits over 8 weeks. Arthropathy, unspecified (ICD9 716.9):Post-surgical treatment, arthroplasty/fusion, wrist/finger: 24 visits over 8 weeks. The documentation submitted for review indicates that the injured worker has completed physical therapy with no documentation of response. Absent this, medical necessity of further physical therapy cannot be affirmed.

Electroacupuncture: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines,Chronic Pain Treatment Guidelines Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per Acupuncture Medical Treatment Guidelines p9, "(c) Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20" The MTUS definition of functional improvement is as follows: "Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment."The documentation submitted for review indicates that the injured worker has

previously been treated with acupuncture, however, the number of completed visits and response was not documented. Absent this, medical necessity of further treatment cannot be affirmed.