

Case Number:	CM15-0004316		
Date Assigned:	01/15/2015	Date of Injury:	07/22/2011
Decision Date:	04/08/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/08/2015

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

Certification(s)/Specialty: Internal Medicine

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 45 year old female, who sustained an industrial injury on July 22, 2011. Her diagnoses include chronic pain syndrome; pain in joint, shoulder region; cervical degenerative disc disease; lumbago; headache non-specific; and cervical sprain/strain. She has been treated with work modifications and medications including oral and topical pain, antidepressant, migraine, and non-steroidal anti-inflammatory. The records refer to a prior course of acupuncture but do not provide specific dates or results. The records refer to a prior course of physical therapy but do not provide the complete specific dates or results. On October 3, 2014, her treating physician reports neck, right shoulder, and right upper extremity pain. She has numbness and tingling of the first two digits of the right hand. The physical exam revealed normal deep tendon reflexes of the upper extremities, negative Hoffman's reflex, and intact sensation throughout. Her posture was forward flexed. There was tenderness over the occipital foramen paraspinal muscles overlying the facet joints supraclavicular region bilaterally, trigger points over the trapezius muscles, and reversal of the cervical lordosis. The cervical range of motion was mildly decreased with end range pain, positive right Hawkin's and Neer's, and mildly positive for numbness/tingling in the thumb and index finger. The bilateral upper extremity exam revealed there abnormal motor strength with give way with shoulder abduction, tenderness to palpation over the bilateral upper trapezius. The treatment plan includes physical therapy and acupuncture. On January 8, 2015, the injured worker submitted an application for IMR for review of a prescription for an additional 6 sessions of physical therapy for the right shoulder, neck, and head, and a prescription for 6 sessions of acupuncture for the right shoulder, neck, and

head. The physical therapy was non-certified based on the lack of documentation of subjective benefits and objective improvement from prior chiropractic therapy. In addition, there was a lack of documentation as to why the claimant is unable to continue rehabilitation on a home exercise basis. The acupuncture was non-certified based on the claimant has chronic pain conditions and acupuncture will not offer any significant benefit for any of these conditions. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physical Therapy sessions for right shoulder, neck, and head: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT) Physical Medicine Pages 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Physical medicine treatment. Official Disability Guidelines (ODG) Preface - Physical Therapy Guidelines.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Official Disability Guidelines (ODG) present physical therapy PT guidelines. Patients should be formally assessed after a six visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. Medical records document a history of neck, right shoulder, and right upper extremity pain. The progress report dated 10/3/14 documented functional improvement with past physical therapy treatments. Physical therapy has resulted in positive impact. Because functional improvement was documented, the request for 6 additional visits of PT physical therapy are supported by MTUS and ODG guidelines. Therefore, the request for PT physical therapy is medically necessary.

6 acupuncture sessions for the right shoulder, neck, and head: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses acupuncture. MTUS Acupuncture Medical Treatment Guidelines indicates that acupuncture may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an

anxious patient, and reduce muscle spasm. The time to produce functional improvement is 3 to 6 treatments. Acupuncture treatments may be extended if functional improvement is documented. Medical records document a history of neck, right shoulder, and right upper extremity pain. The progress report dated 10/3/14 documented functional improvement with past acupuncture treatments. Acupuncture has resulted in positive impact. Because functional improvement was documented, the request for 6 additional acupuncture visits is supported by MTUS Acupuncture Medical Treatment Guidelines. Therefore, the request for acupuncture is medically necessary.