

Case Number:	CM15-0005332		
Date Assigned:	01/16/2015	Date of Injury:	09/17/2013
Decision Date:	03/24/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/09/2015

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, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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 42-year-old female who reported an injury on 09/17/2013. The mechanism of injury was not provided. Prior therapies included acupuncture and physical therapy. The documentation of 12/01/2014 revealed the injured worker had pain in the neck that was mild, right shoulder pain that was severe, right wrist pain that was severe, and right elbow pain that was severe. The injured worker had surgery on 08/18/2014 which included a right shoulder arthroscopic subacromial decompression and partial claviclectomy and a right carpal tunnel release. Other surgical intervention included an anterior cervical fusion at C5-6 and C6-7 in 01/2014. The injured worker was noted to be undergoing physical therapy which helped and the injured worker went twice a week. The injured worker's medications included Tylenol No. 4 taken 4 times a day, Xanax 1 mg at night, and Prilosec 20 mg twice a day. The injured worker utilized topical creams including ketoprofen, gabapentin, and tramadol. The injured worker was taking phentermine 37.5 mg once a day for weight loss. The physical examination revealed decreased range of motion. The injured worker was injected with Depo-Medrol which gave her some relief from her headaches. The injured worker had decreased range of motion of the right shoulder. The diagnoses included right shoulder post-traumatic arthritis of the acromioclavicular joint with impingement, rule out rotator cuff tear; right elbow pain with probable ulnar neuropathy; right wrist carpal tunnel syndrome with positive nerve conduction study for median nerve bilaterally; status post anterior cervical discectomy and fusion at C5-7; and upper and lower back pain with radiculopathy. Additionally, the request was made for both physical

therapy and acupuncture to alleviate postoperative pain. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x wk x 6 wks for the neck, shoulder and lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended 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 and acupuncture treatments may be extended if functional improvement is documented including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The clinical documentation submitted for review indicated the injured worker had previously undergone acupuncture therapy. There was a lack of documentation of a clinically significant improvement in activities of daily living or a reduction in work restrictions. Given the above, the request for acupuncture 2 times a week x6 weeks for the neck, shoulder, and lumbar spine is not medically necessary.

Physical therapy (unspecified) 2 x wk x 6 wks: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that physical medicine treatment is appropriate for up to 10 visits for myalgia and myositis. The clinical documentation submitted for review indicated the injured worker had previously undergone physical therapy. There was a lack of documentation of objective functional benefit that was received. There was a lack of documentation of objective functional deficits that remained. Additionally, the request as submitted failed to indicate the body part or parts to be treated with physical therapy. Given the above, the request for physical therapy (unspecified) 2 times a week x6 weeks is not medically necessary. The request would exceed the guidelines' recommendations.

