

Case Number:	CM15-0006345		
Date Assigned:	01/26/2015	Date of Injury:	08/31/2011
Decision Date:	03/20/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/12/2015

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: Physical Medicine & Rehabilitation

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 53-year-old female who reported an injury to her bilateral shoulder blade (thoracic region) with the right side worse than the left and neck pain on 08/31/2011. As of 12/08/2014, the injured worker had completed 8 sessions of acupuncture, 12 sessions of chiropractic treatments, and 26 sessions of physical therapy, and had undergone electrodiagnostic studies, an MRI of the cervical spine, with the treating physician now requesting 6 additional sessions of occupational therapy and acupuncture. The injured worker indicated that the prior acupuncture and occupational therapy had reduced her symptoms with her goal to eventually wean off all of her medications. It was further noted that the injured worker had been performing exercises and stretches at home and had been swimming and using light weights for exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional OT x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines, and Myalgia and Myositis, unspecifie.

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

Decision rationale: The California MTUS Guidelines have indicated that injured workers are to transition to a home exercise program upon completion of a formal course of occupational or physical therapy. In the case of this injured worker, she had already exceeded the maximum of physical therapy sessions under the guidelines and was already performing home exercises. Additionally, the most recent clinical documentation did not specify that the injured worker had any significant functional deficits necessitating additional occupational therapy at this time. There were no quantitative measurements of range of motion, pain, or decreased strength to support ongoing occupational therapy or indications of extenuating or exceptional factors. Therefore, the request service was not deemed medically necessary.

Additional Acupuncture x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Under the California MTUS Acupuncture Guidelines, injured workers must have documentation of functional improvement to allow for additional sessions. Additionally, in the case of this injured worker, there was a lack of quantitative information pertaining to functional deficits necessitating further acupuncture treatments. Therefore, the request is not deemed a medical necessity at this time.