

Case Number:	CM15-0100989		
Date Assigned:	06/03/2015	Date of Injury:	07/31/2014
Decision Date:	07/07/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/26/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 56-year-old who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of July 31, 2014. In a Utilization Review report dated May 14, 2015, the claims administrator failed to approve requests for eight sessions of physical therapy and eight sessions of acupuncture. The claims administrator referenced a RFA form received on May 7, 2015 in its determination, along with progress notes of April 8, 2015 and March 11, 2015. The applicant's attorney subsequently appealed. On December 17, 2014, the applicant reported multifocal complaints of neck, low back, knee, and ankle pain. Physical therapy and acupuncture were endorsed while the applicant was kept off of work, on total temporary disability. On April 29, 2015, the applicant again reported multifocal complaints of neck, low back, knee, calf, and ankle pain with derivative complaints of insomnia. The applicant was again kept off of work, on total temporary disability, while Norco, Naprosyn, Prilosec, and Ambien were continued and/or renewed. Additional physical therapy and acupuncture were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Physical Therapy visits for the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 8.

Decision rationale: No, the request for eight sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of nine to ten sessions of treatment for myalgias and myositis of various body parts, the diagnoses reportedly present here, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant remained off of work, on total temporary disability, as of the date of the request, April 29, 2015. The applicant remained dependent on opioid agents such as Norco, it was reported on that date. The applicant was described as having attendant complaints of loss of balance, it was reported on April 29, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request for additional physical therapy was not medically necessary.

8 Acupuncture Therapy sessions for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Similarly, the request for eight additional sessions of acupuncture was likewise not medically necessary, medically appropriate, or indicated here. The request in question was likewise framed as a renewal or extension request for acupuncture. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1d acknowledge that acupuncture treatments may be extended if there is evidence of functional improvement as defined in Section 9792.20e, here, however, the applicant was off of work, on total temporary disability, as of the date of the request, April 29, 2015. Receipt of earlier unspecified amounts of acupuncture failed to curtail the applicant's dependence on opioid agents such as Norco. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of acupuncture over the course of the claim. Therefore, the request for additional acupuncture was not medically necessary.