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| Case Number: | CM15-0103204 | | |
| Date Assigned: | 10/27/2015 | Date of Injury: | 07/17/2000 |
| Decision Date: | 12/07/2015 | UR Denial Date: | 04/28/2015 |
| Priority: | Standard | Application Received: | 05/29/2015 |

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, Indiana, New York
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:

This injured worker is a 68-year-old female who reported an industrial injury on 7-17-2000. The history noted an additional work related injury on 1-1-1997. Her diagnoses, and or impressions, were noted to include status-post: right basal joint arthroplasty (2-20-08), left cubital tunnel release (10-29-08), left thumb "MB" joint arthrodesis (10-28-09); right cubital lateral release; and right lateral epicondyle release (1-19-11); and painful pins removal left thumb (2-3-10). No imaging studies were noted. Her treatments were noted to include: surgeries; physical therapy; acupuncture therapy; medication management; and a rating of permanently disabled with specific work restrictions. The progress notes of 4-6-2015 reported: a date of injury 1-1-1997; no improvement since her last follow-up visit; right shoulder pain, rated 7-9 out of 10, that radiated to the right arm; right elbow pain, rated 7 out of 10, aggravated by prolonged activities and movement; left elbow pain and right middle finger pain rated 1 out of 10; right thumb pain rated 5 out of 10; right wrist pain rated 3 out of 10; right ring finger pain rated (illegible) out of 10; left thumb and index finger pain rated 2 out of 10; and right forearm pain rated 7 out of 10. The objective findings were noted to include: grip strength left > right; "x-rays of the right hand (2 views)"; status-post bilateral trapezius excision; status-post left thumb "MP" fusion; elbows: healed incision at right lateral and bilateral medial elbow with bilateral range-of-motion 0-135; wrist-hand: well-healed scar at the bilateral basal thumb with range-of-motion of bilateral thumb and "MCP" joint 0-45, and interphalangeal joint 0-4. The physician's requests for treatment were noted to include additional physical therapy for the neck and shoulders, 2-3 x a week for 6 weeks. The Request for Authorization, dated 4-17-2015, was noted to include additional

physical therapy for bilateral shoulders and cervical spine, for 2-3 x a week for 6 weeks, for pain. The Utilization Review of 4-28-2015 non-certified the request for physical therapy, bilateral shoulders and neck, 2 x a week x 3 weeks (6 weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2-3 times a week for 6 weeks for Bilateral Shoulders and Neck.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Section, Physical Therapy Neck Section, Physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy 2 to 3 times per week than six weeks to the bilateral shoulders and neck is not medically necessary. 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 negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are status post right basal joint arthroplasty; status post left cubital tunnel release, improved; status post left thumb MP joint arthrodesis, improved; status post right cubital tunnel release, no improvement; painful pins removed left thumb; and status post right lateral epicondyle release no improvement. Date of injury is July 17, 2000. Request for authorization is April 17, 2015. According to an April 16, 2015 progress note, subjective complaints include right shoulder pain 9/10 with elbow pain. There are no left shoulder complaints and there are no neck complaints documented. Objectively, there was no cervical spine physical examination and no shoulder examination. There are no physical therapy progress notes in the medical record. There was a peer-to-peer conference call between the utilization reviewer and the treating provider on April 27, 2015. The treating provider indicated the injured worker received prior physical therapy and acupuncture and did quite well. The injured worker now presents with an acute flare in the neck and arms. As noted above, there is no documentation demonstrating objective functional improvement with prior physical therapy. There is no documentation the injured worker is engaged in a home exercise program. There is no contraindication to the injured worker engaging in a home exercise program. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation with physical therapy progress notes, no documentation indicating the total number of physical therapy sessions to date, no documentation demonstrating objective functional improvement and no compelling clinical facts indicating additional physical therapy is clinically warranted, physical therapy 2 to 3 times per week than six weeks to the bilateral shoulders and neck is not medically necessary.

Acupuncture 2-3 times a week for 6 weeks for the Bilateral Shoulders and Neck.: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Acupuncture Treatment.

Decision rationale: Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, acupuncture 2 to 3 times per week times six weeks to the bilateral shoulders and neck is not medically necessary. Acupuncture is not recommended for acute low back pain. Acupuncture is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. The Official Disability Guidelines provide for an initial trial of three - four visits over two weeks. With evidence of objective functional improvement, a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The evidence is inconclusive for repeating this procedure beyond an initial short period. In this case, the injured worker's working diagnoses are status post right basal joint arthroplasty; status post left cubital tunnel release, improved; status post left thumb MP joint arthrodesis, improved; status post right cubital tunnel release, no improvement; painful pins removed left thumb; and status post right lateral epicondyle release no improvement. Date of injury is July 17, 2000. Request for authorization is April 17, 2015. According to an April 16, 2015 progress note, subjective complaints include right shoulder pain 9/10 with elbow pain. There are no left shoulder complaints and there are no neck complaints documented. Objectively, there was no cervical spine physical examination and no shoulder examination. There are no physical therapy progress notes in the medical record. There was a peer-to-peer conference call between the utilization reviewer and the treating provider on April 27, 2015. The treating provider indicated the injured worker received prior physical therapy and acupuncture and did quite well. The injured worker now presents with an acute flare in the neck and arms. As noted above, there is no documentation demonstrating objective functional improvement with prior acupuncture. The guidelines recommend a 3-4 visit clinical trial. With evidence of objective functional improvement, a total of 8 to 12 visits may be clinically indicated. As noted above, according to the peer-to-peer conference call, the injured worker received prior acupuncture. There are no acupuncture treatment notes in the medical record. There is no documentation demonstrating objective functional improvement with prior acupuncture. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no acupuncture treatment notes and no documentation demonstrating objective functional improvement, no documentation with subjective complaints of bilateral shoulder pain and neck pain and no objective clinical findings (no physical examination) of the cervical spine and shoulders, acupuncture 2 to 3 times per week times six weeks to the bilateral shoulders and neck is not medically necessary.