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| Case Number: | CM15-0109080 | | |
| Date Assigned: | 06/29/2015 | Date of Injury: | 12/12/2013 |
| Decision Date: | 07/29/2015 | UR Denial Date: | 05/26/2015 |
| Priority: | Standard | Application Received: | 06/05/2015 |

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:

The injured worker is a 41 year old female, who sustained an industrial/work injury on 12/12/13. She reported initial complaints of neck, shoulder, bilateral elbow, and back pain. The injured worker was diagnosed as having cervical spine sprain/strain with radiculopathy, thoracic sprain/strain, bilateral shoulder sprain/strain, right elbow medial and lateral epicondylitis, left elbow lateral epicondylitis, bilateral carpal tunnel syndrome, bilateral de Quervain's syndrome, lumbar spine stain/sprain with bilateral lower extremity radiculopathy. Treatment to date has included medication, chiropractic therapy, injection, and diagnostic testing. Currently, the injured worker complains of cervical spine pain with radiation to bilateral extremities, thoracic spine pain, and lumbar spine pain with radiation to the lower extremities with numbness and tingling, bilateral shoulder pain, bilateral elbow pain and numbness and tingling to the right hand. Per the primary physician's progress report (PR-2) on 5/18/15, there is tenderness noted at the bilateral wrists, positive Phalen's test, Tinel's sign, and positive carpal compression test. The requested treatments include physical therapy to the cervical spine and bilateral wrists, acupuncture to the cervical spine and bilateral wrists, and Orthopedic consult for the bilateral wrists/ hands.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 3 to the cervical spine and bilateral wrists: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cervical spine, Forearm, wrist, and hand section; Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times three weeks to the cervical spine and bilateral wrist 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 exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are cervical, cervicothoracic sprain strain; sprain strain bilateral shoulders/upper arm unspecified; and lumbar sprain strain. The date of injury is December 12, 2013. The request for authorization is dated May 18, 2015. A progress note dated May 18, 2015 states "subjective complaints remain the same." Objectively, there is no physical examination in the progress note. A progress note dated May 1, 2015 contains the same medical record documentation. There are no specific subjective complaints documented and there is no physical examination. According to a June 10, 2015, progress note the injured worker received 18 chiropractic sessions and three physical therapy sessions that provided "mild relief". There are no physical therapy progress notes in the medical record. The total number of physical therapy sessions is not specified. There is no documentation demonstrating objective functional improvement. There are no compelling clinical facts indicating additional physical therapy is indicated. Consequently, absent clinical documentation with updated history and physical examinations, prior physical therapy progress notes, objective functional improvement and compelling clinical facts indicating additional physical therapy is indicated, physical therapy two times per week times three weeks to the cervical spine and bilateral wrist is not medically necessary.

Acupuncture 1 x 6 to the cervical spine and bilateral wrists: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. 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 one time per week times six weeks to the cervical spine and bilateral wrists 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 3-4 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 cervical, cervicothoracic sprain strain; sprain strain bilateral shoulders/upper arm unspecified; and lumbar sprain strain. The date of injury is

December 12, 2013. The request for authorization is dated May 18, 2015. A progress note dated May 18, 2015 states "subjective complaints remain the same". Objectively, there is no physical examination in the progress note. A progress note dated May 1, 2015 contains the same medical record documentation. There are no specific subjective complaints documented and there is no physical examination. According to a June 10, 2015, progress note the injured worker received 18 chiropractic sessions and three physical therapy sessions that provided "mild relief". There is no documentation indicating the injured worker has received acupuncture. However, there are no updated subjective complaints and no recent physical examination in the medical record. The guidelines recommend an initial trial of 3-4 visits. The treating provider requested six visits in excess of the recommended guidelines. Consequently, absent clinical documentation containing subjective and objective complaints and requests for acupuncture in excess of the recommended guidelines (3-4 visits), acupuncture one time per week times six weeks to the cervical spine and bilateral wrists is not medically necessary.

Ortho consult for the bilateral wrists/ hands: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, Independent Medical Examinations and Consultations, Chapter 7, Page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Independent Medical Examinations and Consultations, Chapter 7, Page 127.

Decision rationale: Pursuant to the ACOEM, Ortho consult for the bilateral wrists/ hands is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses are cervical, cervicothoracic sprain strain; sprain strain bilateral shoulders/upper arm unspecified; and lumbar sprain strain. The date of injury is December 12, 2013. The request for authorization is dated May 18, 2015. A progress note dated May 18, 2015 states "subjective complaints remain the same". Objectively, there is no physical examination in the progress note. A progress note dated May 1, 2015 contains the same medical record documentation. There are no specific subjective complaints documented and there is no physical examination. According to a June 10, 2015 progress note the injured worker received 18 chiropractic sessions and three physical therapy sessions that provided "mild relief". A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The documentation from the May 18, 2015 progress note does not contain updated subjective complaints and/or objective clinical findings. There is no documentation in the medical record that consultation would in turn aid in the diagnosis, prognosis or therapeutic management of this patient. Based on clinical information medical record and the peer-reviewed evidence-based guidelines, ortho consult for the bilateral wrists/ hands is not medically necessary.