

Case Number:	CM15-0010263		
Date Assigned:	01/27/2015	Date of Injury:	03/05/2014
Decision Date:	05/22/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/17/2015

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 56 year old female who sustained an industrial injury on March 5, 2014. She has reported pain in the left elbow and has been diagnosed with nontraumatic ruptured extensor tendon, hand and wrist. Treatment to date has included physical therapy and analgesics. Currently the injured worker complains of radicular pain into the thumb and index finger on the left hand. The treatment plan included work modifications and EMG/nerve conduction studies. On January 12, 2015 Utilization Review non certified 12 physical therapy visits and modified 12 acupuncture visits citing the MTUS and ACOEM guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 acupuncture visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: The patient presents with pain and weakness in her left shoulder and left upper extremity. The request is for 12 SESSIONS OF ACUPUNCTURE. MRI of the left elbow from 05/01/14 shows high-grade partial tear of the common extensor tendon and radial collateral tear of the left elbow. The patient is currently working. MTUS guidelines page 13 refers Section 9792.24.1 of the California Code of Regulations, Title 8, under the Special Topics section. MTUS allow 3-6 sessions of acupuncture treatments for an initial trial and up to 1-3 times a week and 1-2 months with functional Improvement. In this case, the reports indicate that the patient has not had acupuncture in the past. A short course of acupuncture appears to be reasonable to address the patient's pain in her left shoulder and left elbow. However, the requested 12 sessions exceed what MTUS guidelines allow for the initial trial. The request IS NOT medically necessary.

12 physical therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 15.

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

Decision rationale: The patient presents with pain and weakness in her left shoulder and left upper extremity. The request is for 12 SESSIONS OF PHYSICAL THERAPY. MRI of the left elbow from 05/01/14 shows high-grade partial tear of the common extensor tendon and radial collateral tear of the left elbow. The patient is currently working. For non-post-operative therapy treatments, MTUS guidelines page 98 and 99 allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. In this case, the QMEs report on 09/03/14 indicates that the patient has had physical therapy in the past. The treater does not explain why additional therapy is needed. None of the reports specifically discuss how many sessions of therapy the patient has had or how the patient has responded to the physical therapy in terms of pain reduction or functional improvement. The treater does not explain why the patient is unable to transition into a home program. Furthermore, the requested 12 sessions combined with some already received would exceed what is allowed per MTUS guidelines. The request of physical therapy IS NOT medically necessary.