

Case Number:	CM15-0130870		
Date Assigned:	07/17/2015	Date of Injury:	10/24/2011
Decision Date:	08/13/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/07/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 59 year old female sustained an industrial injury to the neck, back, left shoulder and knees on 10/24/11. Previous treatment included physical therapy, acupuncture and medications. Documentation did not disclose recent magnetic resonance imaging or the number of previous therapy sessions. In a PR-2 dated 5/22/15, the injured worker complained of ongoing headaches and bilateral knee pain rated 5/10 on the visual analog scale. Physical exam was remarkable for tenderness to palpation at the base of the neck with radiation into both shoulders and bilateral knee tenderness to palpation. Current diagnoses included closed head injury with concussion, posttraumatic stress disorder with anxiety and depression, bilateral shoulder sprain/strain, cervical spine sprain/strain and bilateral knee pain. The physician noted that the injured worker had benefited from previous physical therapy. The treatment plan included continuing with additional 12 sessions each of acupuncture and physical therapy twice a week for six weeks for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy, Cervical Spine, Qty 12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back (Acute & Chronic); Occupational Medicine Practice Guidelines pg 173-175.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work-related injury in October 2011 and continues to be treated for radiating neck pain, bilateral shoulder pain, and bilateral knee pain. Treatments have included physical therapy, acupuncture, and medications. She has PTSD and depression. When seen, she was continuing to work. She was continuing a home exercise program. There had been recent completion of 13 physical therapy treatments and 6 acupuncture sessions. She was having headaches and tenderness in the neck, shoulders and knees. There was normal strength, sensation, and reflexes. An additional 12 physical therapy and acupuncture treatments were requested. The claimant is being treated for chronic pain with no new injury and has recently had physical therapy including a home exercise program. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number of visits requested is in excess of what might be needed to revise the claimant's home exercise program and would not reflect a fading of treatment frequency. Skilled therapy in excess of that necessary could promote further dependence on therapy provided treatments. The request is not medically necessary.

Additional Acupuncture for Neck, Qty 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The claimant sustained a work-related injury in October 2011 and continues to be treated for radiating neck pain, bilateral shoulder pain, and bilateral knee pain. Treatments have included physical therapy, acupuncture, and medications. She has PTSD and depression. When seen, she was continuing to work. She was continuing a home exercise program. There had been recent completion of 13 physical therapy treatments and 6 acupuncture sessions. She was having headaches and tenderness in the neck, shoulders and knees. There was normal strength, sensation, and reflexes. An additional 12 physical therapy and acupuncture treatments were requested. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented with a frequency of 1 to 3 times per week and optimum duration of 1 to 2 months. In this case, the claimant has already had extensive acupuncture treatments in excess of the guideline recommendation. Additional acupuncture treatments are not medically necessary.

