

Case Number:	CM15-0132084		
Date Assigned:	07/20/2015	Date of Injury:	08/12/2014
Decision Date:	08/21/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/08/2015

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: 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 injured worker is a 46 year old female who sustained an industrial injury on 8-12-14. The mechanism of injury was cumulative trauma due to repetitive duties. Diagnoses are myofascial sprain and strain of the cervical spine, strain and sprain of the right shoulder-bursitis-capsulitis of the shoulder, right lateral epicondylitis, tendinitis right wrist, trigger finger, and anxiety and depression due to chronic pain. In an initial physiatry-pain management report dated 6-2-15, the physician notes the injured worker was seen in the office this date with complaints of pain in the neck, right shoulder, right wrist, and right elbow. Her pain is currently constant and rated at 6 out of 10. Average pain the week before was at 8. Pain without medication is rated at 8 and with medication is at 5. She is currently taking Advil due to sensitivity to medications. She notes 10% of the pain is in her neck and 90% is in her arm. She is not working and has not since January 2015 at which time she was released to modified duty. She reports that she limits her activities and her present medication, physical therapy and exercises give her moderate relief. Applying cold packs or ice packs provides excellent relief. Heat packs and acupuncture treatments provided relief. She has experienced situational anxiety and depression since the injury. Cervical range of motion is painful but within normal limits. There is tenderness to palpation of the acromioclavicular joint and bicipital tendon and range of motion is painful but within normal limits. Tenderness is noted at the lateral epicondyle and radiocarpal joint and metacarpal joint. Tinel's sign is positive on the medial nerve distribution, but Phalen's is negative. She is to continue modified work duty. The requested treatment is acupuncture 6 sessions and physical therapy 6 sessions with paraffin wax for the right hand and elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Acupuncture Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Guidelines recommend the use of acupuncture in the treatment of chronic pain to improve function. The recommended time to produce functional improvement is 3 to 6 sessions at a frequency of 1 to 3 times per week over 1 to 2 months. Additional treatments may be necessary if there is documented functional improvement as a result to the trial of 3 to 6 sessions. In this case, the injured worker has previously received acupuncture therapy, however, there is no evidence of increase in function with these sessions, therefore continued treatments are not supported. The request for acupuncture x 6 is determined to not be medically necessary.

Physical therapy x 6 with paraffin wax for the right hand and elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 98, 99.

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. In this case, the injured worker has participated in previous sessions of physical therapy without documented evidence of an increase in function, therefore, the request for physical therapy x 6 with paraffin wax for the right hand and elbow is determined to not be medically necessary.