

Case Number:	CM15-0133327		
Date Assigned:	07/21/2015	Date of Injury:	09/12/2014
Decision Date:	08/20/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/09/2015

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, 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:

The injured worker (IW) is a 56 year old female who sustained an industrial injury on 09/12/2014. She reported Bell's palsy that she related to stress and overwork. She also complained of headache. The injured worker was diagnosed as having mild left Baker's cyst, tenderness along the bilateral sacroiliac joints and sacrum, pain in the bilateral knees, cervical spine strain with disuse, weakness and numbness in the left upper extremity, left shoulder strain with impingement, left wrist deQuervain's disease, left thumb carpometacarpal joint pain, lumbar spine sprain/strain, bilateral knees sprain/strain, bilateral ankle strain, history of shortness of breath, rule out depression, anxiety, bilateral eye decreased vision, and arousal disorder per history. Treatment to date has included physical exam, x-rays of the cervical spine, lumbar spine, bilateral shoulders, wrists, hands, knees and ankles, acupuncture, physical therapy, and ESWT (Extracorporeal Shockwave Therapy). Currently, the injured worker complains of cervical spine pain, right shoulder pain that is dull right wrist and left wrist pain, all rated as a 3/10 rated 3 on a scale of 0-10. She complains of bilateral knee pain that is dull and rated a 5/10. She also complains of a headache. She was seen by a neurologist x3. Her functional change has had moderate improvement. Her cognition is good; she is in moderate distress and appears frustrated. Her gait is antalgic favoring the right, and her left shoulder is held higher. The worker moves with stiffness, using no device to assist. A request for authorization was made for the following:

1. 6 Acupuncture sessions.
2. 6 Physical Therapy sessions.
3. EMG/NCS bilateral lower extremities.
4. Solarcare FIR Heating System.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Acupuncture sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Regarding the request for additional acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional acupuncture is supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, there is documentation of prior acupuncture for 12 sessions. Yet the functional outcome of this prior treatment is not available in the submitted records. Given this lack, the currently requested acupuncture is not medically necessary per guidelines.

6 Physical Therapy sessions: Upheld

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

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

Decision rationale: With regard to the request for additional physical therapy, the California Medical Treatment Utilization Schedule recommends transition from formal physical therapy to self-directed home exercises after a full course of therapy. Future therapy may be warranted if the patient has not had a full course of therapy. For myalgia, radiculitis or neuritis, up to 10 visits of formal PT is the recommendation by the Chronic Pain Medical Treatment Guidelines. In the case of injured worker, the documentation indicates that the patient had at least 15 sessions of PT to date. The CPMTG specify that further PT is contingent on documentation of functional gains from prior PT. The MTUS defines functional improvement as a clinical significant improvement in activities of daily living or a reduction in work restrictions. Since the functional outcome of prior PT is not directly addressed, the additional physical therapy as originally requested is not medically necessary.

Solarcare FIR Heating System: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, 204.

Decision rationale: Far Infrared Ray (F.I.R.) are electromagnetic waves in the portion of the spectrum just beyond visible light. Also produced by the Sun, FIR provide a specific target with deep, penetrating heat via direct energy conversion. With regard to this request for Solar Care Heating System, the ACOEM, Shoulder Complaints Chapter, on pages 203-4 state the following: "Physical modalities, such as massage, diathermy, cutaneous laser treatment, ultrasound treatment, transcutaneous electrical neurostimulation (TENS) units, and biofeedback are not supported by high-quality medical studies, but they may be useful in the initial conservative treatment of acute shoulder symptoms, depending on the experience of local physical therapists available for referral. Some medium quality evidence supports manual physical therapy, ultrasound, and high-energy extracorporeal shock wave therapy for calcifying tendinitis of the shoulder. Patients' at-home applications of heat or cold packs may be used before or after exercises and are as effective as those performed by a therapist. Initial use of less-invasive techniques provides an opportunity for the clinician to monitor progress before referral to a specialist." The peer reviewed literature and evidenced based guidelines including the MTUS and ACOEM do not support a heating system with far infrared technology as opposed to a more simpler system of heating pad. Given this, this request is not medically necessary.