

Case Number:	CM15-0139519		
Date Assigned:	07/29/2015	Date of Injury:	06/24/2011
Decision Date:	09/02/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/17/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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:

This 47 year old woman sustained an industrial injury on 6/24/2011 after a slip and fall on a wet floor while holding a tray of fish. Evaluations include an undated lumbar spine MRI and electromyogram/nerve conduction studies of the right upper extremity. Diagnoses include cervical spine sprain/strain with radicular complaints, right shoulder sprain/strain with impingement syndrome, right wrist sprain/strain, and lumbar spine sprain strain with radicular complaints. Treatment has included oral medications, hot/cold application, massage therapy, shockwave therapy, and physical therapy. Physician notes dated 5/28/2015 show complaints of intermittent neck pain, right shoulder pain rated 3-10 out of 10, right hand and wrist pain with radiation to the elbow, ad low back pain with radiation to the bilateral buttocks.

Recommendations include acupuncture, physical therapy, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x4 for Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Guidelines recommend the use of acupuncture when pain medication is not tolerated or can be reduced with this treatment. It can also be used alongside rehabilitation and/or surgery to speed recovery. Some accepted goals include a decreased pain level, improved nausea caused by pain medications, increased range of joint motion, improved relaxation with anxiety, and reduced muscle spasms. Acupuncture treatment can include the use of electrical stimulation. Functional improvement is expected within three to six treatments. The Guidelines support having acupuncture treatments one to three times per week for up to one to two months. The submitted and reviewed documentation indicated the worker was experiencing problems sleeping; mood problems; leg weakness; and pain in the neck and joints of the right arm. There was no discussion suggesting a significant issue with pain medication, indicating the worker would have rehabilitation together with this therapy, specifying the goals of this treatment, or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for four acupuncture sessions for the lower back areas done twice weekly for four weeks is not medically necessary.

Physical Therapy 2x4 for right shoulder: 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 rationale: The MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time (fading) should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted records indicated the worker was experiencing problems sleeping; mood problems; leg weakness; and pain in the neck and joints of the right arm. There was no discussion describing the reason therapist-directed physical therapy would be expected to provide more benefit than a home exercise program at or near the time of the request. In the absence of such evidence, the current request for eight physical therapy sessions for the right shoulder done twice weekly for four weeks is not medically necessary.