

Case Number:	CM15-0143237		
Date Assigned:	08/04/2015	Date of Injury:	11/12/2014
Decision Date:	09/08/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/23/2015

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, 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 42 year old female patient who sustained an industrial injury on November 14, 2015. The worker was employed as a registered nurse. The patient was evaluated and treated with topical medications and diagnostics. She even self-paid for acupuncture sessions that she states help the pain. A primary treating office visit dated May 04, 2015 reported the patient with subjective complaint of pain and discomfort to the left shoulder, upper back and neck area, right elbow, and lower back pains. A radiography study done on February 13, 2005 revealed the right elbow without evidence of fracture, or subluxation. The impression noted the patient with left shoulder scapular dyskinesis, subcromial impingement; rotator cuff tendonitis, biceps tendinitis; cervical spine musculoligamentous strain and sprain; right elbow lateral epicondylitis: extensor tendinosis, radial neuritis and radial tunnel syndrome; lumbosacral spine musculoligamentous strain. The patient has not yet reached maximal medical improvement. The patient is prescribed working regular work duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 8: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS 2009 states that after an initial trial of acupuncture that additional acupuncture can be considered if there is evidence of objective functional improvement. The patient had an initial trial of acupuncture which was reportedly beneficial. However; functional improvement is difficult to demonstrate since the patient remained working in a full duty capacity while symptomatic. Therefore, based upon the patient's reported symptomatic improvement while working full duty, this request for additional acupuncture is medically necessary.

Physical therapy x 8: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-9.

Decision rationale: MTUS 2009 recommends up to 10 sessions of PT for myalgias. This patient has completed an initial course of 8 sessions with subjective improvement. The treating physician outlines specific physical findings that need to be addressed in physical therapy while the patient has remained at full duty capacity in a physically demanding job. This request for PT exceeds MTUS 2009 recommendations but based upon the outlined care plan, the PTP has carefully considered the need for additional PT and therefore this request for additional PT is medically necessary.