

Case Number:	CM15-0144142		
Date Assigned:	08/06/2015	Date of Injury:	03/20/2007
Decision Date:	09/09/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/24/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 is a 31-year-old female patient who sustained an industrial injury on 03-20-2007. Diagnoses include chronic pain and status post bilateral carpal tunnel release, bilateral ulnar nerve transposition, bilateral extensor tendon repair, right wrist scar revision, left hand trigger finger release and left hand flexor contracture release. Per the doctor's note dated 4/13/2015, she had complaints of bilateral upper extremity pain. The physical examination revealed decreased sensation in the left fifth finger, 4/5 strength in the left digital interossei and PHQ score 26/30 indicates severe depression. According to the progress notes dated 3-13-2015, she had complaints of bilateral upper extremity pain. She required a brace on her right arm due to fatigue, pain and swelling. The physical examination revealed full range of motion of the bilateral elbows, tenderness over the right lateral epicondyle and grossly intact motor exam of the upper extremities; PHQ score 27/30 indicates severe depression. The medications list includes oxycontin, oxycodone, lunesta, gabapentin, ibuprofen and pantoprazole. She has undergone right carpal tunnel release on 7/19/2013; scar revision surgery on 1/24/2014 and right elbow extensor tendon surgery on 11/14/2014. She has had physical therapy, occupational therapy, 16 acupuncture visits and home exercise program. A request was made for PT twice per week for six weeks for the bilateral elbows and additional acupuncture twice per week for six weeks for the bilateral elbows.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (PT) 2 x 6 to bilateral elbows: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Physical therapy page 98.

Decision rationale: Physical therapy (PT) 2 x 6 to bilateral elbows. The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. Per the records provided, the patient has had an unspecified number of physical therapy visits for this injury. The requested additional visits in addition to the previously rendered physical therapy sessions are more than recommended by the cited criteria. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The Physical therapy (PT) 2 x 6 to bilateral elbows is not medically necessary for this patient at this time.

Acupuncture 2 x 6 to bilateral elbows: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture 2 x 6 to bilateral elbows. MTUS guidelines Acupuncture Medical Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines. CA MTUS Acupuncture medical treatment guidelines cited below state that "Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." CA MTUS Acupuncture guidelines recommend up to 3 to 6 treatments over 1 to 2 months for chronic pain. Per the cited guidelines: "Acupuncture treatments may be extended if functional improvement is documented." The patient has had 16 acupuncture visits for this injury. The requested additional visits in addition to the previously rendered acupuncture sessions are more than recommended by the cited criteria. There is no evidence of significant progressive functional improvement from the previous acupuncture visits that is documented in the records provided. The medical records provided do not specify any intolerance to pain medications. The Acupuncture 2 x 6 to bilateral elbows is not medically necessary in this patient at this time.