

<b>Case Number:</b>	CM15-0166492		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	05/06/2013
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	07/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 54 year old female, who sustained an industrial injury on May 6, 2013. She reported pain in her hands, forearms, wrists, right elbow, bilateral legs, all toes, right shoulder and lower back along with physiological symptoms. The injured worker was currently diagnosed as having right carpal tunnel syndrome, left carpal tunnel syndrome and spondylolisthesis with stenosis at L4-L5. Treatment to date has included diagnostic studies, psychological assessment, arm braces, physical therapy, knee surgery and medication. On July 14, 2015, the injured worker complained of low back pain with numbness and tingling. The pain was rated a 7-8 on a 1-10 pain scale. She also complained of wrist pain rated a 4-9 on the pain scale. Her wrist pain was noted to be made worse with activities. The treatment plan included physical therapy, acupuncture, urine drug test, medications, injection to the bilateral knees, modified work duties and a follow-up visit. A request was made for physical therapy for the bilateral wrists and lumbar at two times a week for three weeks and acupuncture treatment for the bilateral wrists and lumbar at two times a week for three weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy bilateral wrist and lumbar 2 times per week for 3 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.

**Acupuncture treatment bilateral wrist and lumbar 2 times per week for 3 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** MTUS Acupuncture Medical Treatment Guidelines support up to 6 initial acupuncture visits as an option when pain medication is reduced or not tolerated or to hasten functional recovery. Additional treatment may be indicated if functional improvement is documented from initial acupuncture. The records at this time are limited and do not clarify if the patient previously attended acupuncture or the rationale or functional goals of the current request. Therefore this request is not medically necessary.