

Case Number:	CM15-0168281		
Date Assigned:	09/09/2015	Date of Injury:	04/07/2015
Decision Date:	10/14/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/26/2015

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, New York, California
 Certification(s)/Specialty: Preventive Medicine, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for hand and wrist pain reportedly associated with an industrial injury of April 7, 2015. In a Utilization Review report dated August 13, 2015, the claims administrator failed to approve a request for eight sessions of physical therapy and eight session of acupuncture while approving a request for electro diagnostic testing of bilateral upper extremities. The claims administrator referenced the date of service of July 28, 2015 in its determination. The applicant's attorney subsequently appealed. On July 31, 2015, the applicant reported ongoing complaints of hand and wrist pain reportedly attributed to cumulative trauma at work. Upper extremity paresthesias were reported. The applicant had completed 12 sessions of physical therapy and six sessions of acupuncture through this point in time, it was reported. The note was difficult to follow and mingled historical issues with current issues. The applicant had a history of osteoarthritis and rheumatoid arthritis, it was reported. The applicant was on methotrexate, Neurontin, tizanidine, and Mobic, it was reported in one section of the note. In another section, it was stated the applicant was using methotrexate, Neurontin, tizanidine, sulfasalazine, Mobic, baclofen, and folate. Additional acupuncture, an ergonomic evaluation, and rather proscriptive 5-pound lifting limitation were imposed. On an earlier note dated June 24, 2015, six sessions of acupuncture were ordered. The applicant was given a 10-pound lifting limitation on this date. It was suggested (but not clearly stated) that the applicant was working with said limitation in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy (sessions) QTY: 8.00: 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): Introduction, Physical Medicine.

Decision rationale: No, the request for eight sessions of physiotherapy (AKA physical therapy) was not medically necessary, medically appropriate, or indicated here. The applicant had had prior treatment (at least 12 sessions) seemingly in excess of the 8-to-10-session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for neuralgias and neuritis of various body parts, i.e., the diagnosis reportedly present here. While it is acknowledged that not all of the treatments necessarily transpired during the chronic pain phase of the claim, this recommendation is further qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant's issue were seemingly trending unfavorably and/or have plateaued as of the July 30, 2015 office visit on which physical therapy was sought. Ongoing complaints of upper extremity pain and paresthesias were noted. The applicant remained dependent on a variety of analgesic and adjuvant medications to include Mobic, baclofen, sulfasalazine, tizanidine, Neurontin, methotrexate, etc. A 5-pound lifting limitation was imposed on July 30, 2015, seemingly more proscriptive than an earlier 10-pound lifting limitation imposed on June 24, 2015. All of the foregoing, taken together, suggested a lack of ongoing functional improvement as defined in MTUS 9792.20e needed to justify continuation of physical therapy beyond MTUS parameters. Therefore, the request was not medically necessary.

Acupuncture (sessions) QTY: 8.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Similarly, the request for eight sessions of acupuncture was likewise not medically necessary, medically appropriate, or indicated here. The request in question likewise represented a renewal or extension request for acupuncture. The applicant had received six prior sessions of acupuncture, the treating provider acknowledged on July 30, 2015. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1d acknowledged that acupuncture treatments might be extended if there is evidence of functional improvement as defined in section 9792.20e, here, however, no such demonstration of functional improvement is present here. The applicant was given 5-pound lifting limitation on a July 30, 2015 progress note on which additional acupuncture was sought. This was more proscriptive than a previous 10-pound lifting limitation imposed on June 24, 2015. The applicant remained dependent on a variety of analgesic and adjuvant medications to include Mobic, baclofen, tizanidine, etc. All of

the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of six prior sessions of acupuncture. Therefore, the request was not medically necessary.