

Case Number:	CM15-0182164		
Date Assigned:	10/01/2015	Date of Injury:	08/16/2013
Decision Date:	11/09/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/16/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 30 year old female, who sustained an industrial injury on August 16, 2013. She reported discomfort and soreness in her right arm due to repetitive use. The injured worker was currently diagnosed as having cervicalgia, carpal tunnel syndrome, elbow tendonitis and low back pain. Treatment to date has included diagnostic studies, acupuncture and medication. On June 30, 2015, notes stated that the frequency of numbness and tingling of her hands decreased by 40%, pain levels decreased and activities of daily living increased post acupuncture treatment. On July 7, 2015, the injured worker complained of right elbow and arm pain with tingling and numbness in her right hand. The pain was rated a 4 on a 1-10 pain scale. She also reported bilateral wrist pain and swelling rated a 4 on the pain scale. She was noted to be about the same since her last exam visit. Current acupuncture twice a week has been noted to be helping her. Physical examination of the cervical spine revealed tenderness to palpation with spasms. Physical examination of the right elbow revealed pain to palpation at the right lateral epicondyle aspect. Tinel's and Phalen's were mildly positive of the right wrist. Range of motion of the cervical spine and right elbow were noted to be within normal range. Diagnostic studies showed no evidence of peripheral neuropathy or cervical radiculopathy. The treatment plan included acupuncture two times six to the neck and right arm, physiotherapy three times four to the neck and right arm, topical cream, home interferential stimulator unit and a follow-up visit. On August 21, 2015, utilization review denied a request for acupuncture two days a week for six weeks for the cervical spine and right arm, physiotherapy three days a week for four weeks for the cervical spine and right arm and home interferential stimulator unit for purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 6 for the cervical spine and right arm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Acupuncture treatment.

Decision rationale: Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, acupuncture two times per week times six weeks to the cervical spine and right arm is not medically necessary. Acupuncture is not recommended for acute low back pain. Acupuncture is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. The Official Disability Guidelines provide for an initial trial of three - four visits over two weeks. With evidence of objective functional improvement, a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The evidence is inconclusive for repeating this procedure beyond an initial short period. In this case, the injured worker's working diagnoses are cervicalgia; carpal tunnel syndrome; elbow tendinitis; and low back pain. Date of injury is August 16, 2013. Request for authorization is August 18, 2015. According to an August 18, 2015 progress note, the injured worker has ongoing neck and upper back pain secondary to a flare. The injured worker complains of bilateral arm pain 3/10. The injured worker has received acupuncture and physical therapy. The total number of acupuncture sessions rendered today is unspecified. The total number of physical therapy sessions rendered to date is not specified. The utilization review states the injured worker received, at a minimum, six sessions of acupuncture. The utilization review states the injured worker received, at a minimum, 24 sessions of physical therapy. The utilization review indicates there were multiple prior peer-reviewed for both acupuncture and physical therapy with prospective denials dated November 18, 2014; January 29, 2015; March 6, 2015; July 6, 2015; and July 17, 2015. Despite these denials, the treating provider continues to request additional acupuncture and physical therapy. There are no acupuncture treatment notes in the medical record. There is no documentation demonstrating objective functional improvement. As noted above, the total number of acupuncture sessions is not specified in the record. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation indicating the total number of acupuncture sessions to date, no documentation demonstrating objective functional improvement and no compelling clinical facts to support additional acupuncture acupuncture two times per week times six weeks to the cervical spine and right arm is not medically necessary.

Physiotherapy 3x4 for the cervical spine and right arm: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Physical therapy, Forearm, wrist, and hand section, Physical therapy.

Decision rationale: Pursuant and to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physiotherapy three times per week times four weeks to the cervical spine and right arm is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are cervicalgia; carpal tunnel syndrome; elbow tendinitis; and low back pain. Date of injury is August 16, 2013. Request for authorization is August 18, 2015. According to an August 18, 2015 progress note, the injured worker has ongoing neck and upper back pain secondary to a flare. The injured worker complains of bilateral arm pain 3/10. The injured worker has received acupuncture and physical therapy. The total number of acupuncture sessions rendered today is unspecified. The total number of physical therapy sessions rendered to date is not specified. The utilization review states the injured worker received, at a minimum, six sessions of acupuncture. The utilization review states the injured worker received, at a minimum, 24 sessions of physical therapy. The utilization review indicates there were multiple prior peer-reviewed for both acupuncture and physical therapy with prospective denials dated November 18, 2014; January 29, 2015; March 6, 2015; July 6, 2015; and July 17, 2015. Despite these denials, the treating provider continues to request additional acupuncture and physical therapy. There are no physical therapy treatment notes in the medical record. There is no documentation demonstrating objective functional improvement from prior physical therapy. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation reflecting the total number of physical therapy sessions to date, no documentation demonstrating objective functional improvement and no compelling clinical facts to support additional physical therapy over the recommended guidelines, physiotherapy three times per week times four weeks to the cervical spine and right arm is not medically necessary.

Home interferential stimulator unit for purchase: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Interferential unit (IF).

Decision rationale: Pursuant to the Official Disability Guidelines, home Interferential unit (IF) for purchase is not medically necessary. IF is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with the recommended treatments including return to work; exercise and medications area randomized trials have

evaluated the effectiveness of this treatment. The findings from these trials were either negative or insufficient for recommendation due to poor's study design and/or methodologic issues. The medical care provider for IF to be medically necessary should document the Patient Selection Criteria. These criteria include pain is ineffectively controlled due to diminished effectiveness of medications; due to side effects of medications; history of substance abuse; significant pain from post operative or acute conditions that limit the ability to perform exercise programs or physical therapy; unresponsive to conservative measures. If these criteria are met, then a one-month trial may be appropriate to permit the physician and physical therapy provider to study the effects and benefits. In this case, the injured worker's working diagnoses are cervicgia; carpal tunnel syndrome; elbow tendinitis; and low back pain. Date of injury is August 16, 2013. Request for authorization is August 18, 2015. According to an August 18, 2015 progress note, the injured worker has ongoing neck and upper back pain secondary to a flare. The injured worker complains of bilateral arm pain 3/10. The injured worker has received acupuncture and physical therapy. The total number of acupuncture sessions rendered today is unspecified. The total number of physical therapy sessions rendered to date is not specified. The utilization review states the injured worker received, at a minimum, six sessions of acupuncture. The utilization review states the injured worker received, at a minimum, 24 sessions of physical therapy. The utilization review indicates there were multiple prior peer-reviewed for both acupuncture and physical therapy with prospective denials dated November 18, 2014; January 29, 2015; March 6, 2015; July 6, 2015; and July 17, 2015. Despite these denials, the treating provider continues to request additional acupuncture and physical therapy. There is no documentation of a one-month clinical interferential unit trial. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and no documentation reflecting in one-month clinical interferential unit trial, home Interferential unit (IF) for purchase is not medically necessary.