

Case Number:	CM15-0190564		
Date Assigned:	10/02/2015	Date of Injury:	01/04/2015
Decision Date:	11/19/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/28/2015

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 36-year-old who has filed a claim for chronic neck, shoulder, and low back pain reportedly associated with an industrial injury of January 4, 2015. In a Utilization Review report dated September 9, 2015, the claims administrator failed to approve requests for an additional eight sessions of physical therapy, an additional eight sessions of manipulative therapy, and eight initial acupuncture treatments. The claims administrator did issue a four-session partial approval for acupuncture. An August 31, 2015 progress note was referenced in the determination. On said August 31, 2015 office visit, the applicant reported ongoing complaints of neck, upper arm, and arm pain. The applicant reported difficulty using the right arm. Reduced right shoulder range of motion was noted. Eight additional sessions of physical therapy and manipulative therapy were sought. The attending provider kept the claimant off work and stated that it was unlikely that the claimant would ever return to work. The applicant was placed off work, on total temporary disability. Eight sessions of acupuncture, eight sessions of manipulative therapy, eight sessions of physical therapy, and a cervical collar were seemingly endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG, Physical therapy.

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

Decision rationale: The request for an additional eight sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 9 to 10 sessions of treatment for myalgias and myositis of various body parts, i.e., the diagnosis reportedly present here, this recommendation is, however, 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 was placed off work, on total temporary disability, as of the date of the request, August 31, 2015. Significant pain complaints were reported on that date. The applicant remained dependent on a variety of other treatment modalities to include a cervical collar, manipulative treatment, acupuncture, etc. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of unspecified amounts of physical therapy through the date of the request. Therefore, the request for an additional eight sessions of physical therapy was not medically necessary.

Additional Chiropractic 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG, Chiropractic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: Similarly, the request for an additional eight sessions of chiropractic manipulative therapy was likewise not medically necessary, medically appropriate, or indicated here. While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of chiropractic manipulative therapy in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status. Here, however, the applicant was off work, on total temporary disability, as of the date of the request, August 31, 2015. It did not appear that the applicant had profited from earlier unspecified amounts of manipulative therapy, nor did it appear likely that the applicant would stand to gain from further treatment, going forward. Therefore, the request for an additional eight sessions of manipulative therapy was not medically necessary.

Initial Acupuncture 2 times a week for 4 weeks, cervical: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Finally, the request for an initial eight sessions of acupuncture was likewise not medically necessary, medically appropriate, or indicated here. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1a acknowledged that acupuncture treatments can be employed for a wide variety of purposes, including in the chronic pain context present here, this recommendation is, however, qualified by commentary made in MTUS 9792.24.1.c1 to the effect that time deemed necessary to produce functional improvement following introduction of acupuncture is 3 to 6 treatments. Here, thus, the request for an initial eight sessions of acupuncture effectively represented treatment in excess of MTUS parameters. Therefore, the request was not medically necessary.