

Case Number:	CM15-0021641		
Date Assigned:	02/11/2015	Date of Injury:	06/17/2014
Decision Date:	03/31/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	02/05/2015

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: Arizona, 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:

The injured worker was a 29 year old female, who sustained an industrial injury, June 17, 2014. The injury was sustained from repetitive use of the arms while at work. According to progress note of December 23, 2014, the injured workers chief complaint was hand and forearm swelling with spasms, in the neck to the right hand. The injured worker was experiencing numbness and tingling to the whole right hand. The injured worker was compensating the right arm and the left shoulder muscles were now affected, also. The pain makes it difficult to type. The physical examination noted diffuse tenderness of the upper extremities including the deltoid, biceps, elbows, extensor and flexor forearms, wrists, hands, on palpation. The primary treating physical's impression was multifocal pain secondary to repetitive use of the upper extremities with possible CRPS (chronic regional pain syndrome) secondary to repetitive use of the upper extremities. The injured worker was diagnosed with reflex sympathetic dystrophy of the upper limb and shoulder pain. The injured worker previously received the following treatments physical therapy, no hand therapy. A previous progress note on 10/30/14 indicated the claimant was not participating in well in physical therapy and not improving from it. In addition, the claimant was performing home exercises. The primary treating physician requested authorization for physical therapy for 12 visits and acupuncture 6 sessions. On January 6, 2015, the Utilization Review denied authorization for physical therapy for 12 visits and acupuncture 6 sessions. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy QTY 12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. In this case, the claimant performed an unknown amount of prior therapy for several months. The claimant had been performing home exercises. Prior participation in therapy was erratic and there was mention of lack of improvement in therapy. The request for additional therapy is not justified and not medically necessary.

Acupuncture Qty. 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the guidelines, "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. Time to produce response may take 3-6 sessions. In this case, the claimant is considering numerous options including therapy and ganglion blocks. Though acupuncture may be beneficial it is an option and not considered medically necessary.