

Case Number:	CM15-0023459		
Date Assigned:	02/13/2015	Date of Injury:	01/22/2008
Decision Date:	03/31/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/09/2015

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 52 year old female who sustained a work related injury on January 22, 2008. She was a full-time secretary in a school, and because of repetitive motions in her job, she incurred hand, wrist, arm, and neck injuries. Treatment included analgesic medications, muscle relaxants, physical therapy sessions, trigger point injections and work restrictions. She was diagnosed with left trapezius sprain, right carpal tunnel syndrome, and right forearm pain and right lateral epicondylitis. Currently, in January, 2015, the injured worker complained of ongoing neck pain and discomfort. On January 23, 2015, a request for services of Physical Therapy and Acupuncture Therapy 2 times a week for 3 weeks of the neck, right wrist, forearm, and elbow were non-certified by Utilization Review, noting the California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines and the California Medical Treatment Utilization Schedule Acupuncture Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for bilateral neck, right wrist, forearm and elbow, 2 times a week for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98 and 8.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Pain. neck, wrist and elbow sections, Physical therapy

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy to the bilateral neck, right wrist, forearm, and elbow two times per week times three weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is 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 neck pain flare up with left trapezius myofascial pain exacerbation; right carpal tunnel syndrome; right forearm pain; and right lateral epicondylitis. The January 19, 2015 progress notes physical examination shows normal motor strength in the upper extremities, normal sensation in the limbs bilaterally, tenderness over the cervical paraspinal muscle groups with limited range of motion with right lateral rotation. Documentation shows the injured worker had prior physical therapy. The treating physician placed a request to renew additional physical therapy six visits. The guidelines state: "When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted". There are no compelling clinical facts/exceptional factors in the medical record to warrant additional physical therapy. The record does not contain evidence of objective functional improvement from prior physical therapy sessions. Consequently, absent compelling clinical documentation with objective functional improvement to support additional physical therapy, physical therapy to the bilateral neck, right wrist, forearm and elbow two times per week times three weeks is not medically necessary.

Acupuncture therapy for bilateral neck, right wrist, forearm and elbow, 2 times a week for 3 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Pain section, Acupuncture

Decision rationale: Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, acupuncture bilateral neck, right wrist, forearm and elbow two times per week times three weeks 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 Acupuncture guidelines provide for an initial trial of 3-4 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. Acupuncture to the elbow is recommended for lateral epicondyle pain. Acupuncture is

not recommended for the wrist and forearm. In this case, the injured worker's working diagnoses are neck pain flare up left trapezius myofascial pain exacerbation; right carpal tunnel syndrome; right forearm pain; and right lateral epicondylitis. January 19, 2015 progress notes physical examination shows normal motor strength in the upper extremities, normal sensation in the limbs bilaterally, tenderness over the cervical paraspinal muscle groups with limited range of motion with right lateral rotation. There is no documentation of prior acupuncture in the medical record. The documentation does not contain a clinical indication or rationale for acupuncture to the bilateral neck, right wrist, forearm, and elbow two times per week times three weeks. The guidelines do not recommend acupuncture to the wrist and forearm. Additionally, the guidelines recommend an initial trial of three to four visits over two weeks. With evidence of objective functional improvement a total of 8 to 12 visits over 4 to 6 weeks may be indicated. The treating physician requested six visits. This is in excess of the recommended guidelines. Consequently, absent clinical documentation with the clinical indication and rationale for acupuncture and a request in excess of the recommended guidelines, acupuncture bilateral neck, right wrist, forearm and elbow two times per week times three weeks is not medically necessary.