

Case Number:	CM15-0217261		
Date Assigned:	11/09/2015	Date of Injury:	03/26/2013
Decision Date:	12/21/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	11/04/2015

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

Certification(s)/Specialty: Emergency 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:

This 48 year old female injured worker suffered an industrial injury on 3-26-2013. The diagnoses included chronic cervical strain, chronic bilateral trapezial strain, left thumb trigger finger and left wrist pain. On 9-25-2015, the provider reported cervical spine pain, bilateral shoulder and left hand pain. The neck pain and bilateral shoulder pain was persistent rated 6 out of 10. She completed 12 of 12 physical therapy sessions and had slightly improved. She reported left hand and thumb pain rated 5 out of 10. She reported the neck pain radiated to the left upper extremity. Medications in use were Motrin and Tramadol, which helped pain from 9 out of 10 down to 5 out of 10. Flexeril was used as an "on needed" basis to help with paraspinal muscles spasms. On exam, the cervical spine revealed tenderness and hypertonicity over the trapezius and positive cervical compression test. The shoulders were tender. The left thumb was tender. The provider noted that due to the fact the physical therapy did increase the range of motion and decreased the pain, this allowed her to qualify resuming her job and to continue to work unrestricted. The provider noted the request for additional physical therapy and acupuncture was to transition to home exercise program. The medical record did not include detailed objective physical therapy and acupuncture progress notes with evaluation of effectiveness. Request for Authorization date was 10-8-2015. Utilization Review on 10-15-2015 determined non-certification for Physical therapy 2 times a week for 6 weeks to the cervical spine, bilateral shoulders and left hand and Acupuncture 2 times a week for 6 weeks to the cervical spine, bilateral shoulders and left hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks to the cervical spine, bilateral shoulders and left hand: Upheld

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

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

Decision rationale: The requested Physical therapy 2 times a week for 6 weeks to the cervical spine, bilateral shoulders and left hand, is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, Page 98-99, recommend continued physical therapy with documented objective evidence of derived functional improvement. The injured worker has left hand and thumb pain rated 5 out of 10. She reported the neck pain radiated to the left upper extremity. Medications in use were Motrin and Tramadol, which helped pain from 9 out of 10 down to 5 out of 10. Flexeril was used as an "on needed" basis to help with paraspinal muscles spasms. On exam, the cervical spine revealed tenderness and hypertonicity over the trapezius and positive cervical compression test. The shoulders were tender. The left thumb was tender. The provider noted that due to the fact the physical therapy did increase the range of motion and decreased the pain, this allowed her to qualify resuming her job and to continue to work unrestricted. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, nor the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, Physical therapy 2 times a week for 6 weeks to the cervical spine, bilateral shoulders and left hand is not medically necessary.

Acupuncture 2 times a week for 6 weeks to the cervical spine, bilateral shoulders and left hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The requested Acupuncture 2 times a week for 6 weeks to the cervical spine, bilateral shoulders and left hand, is not medically necessary. CA MTUS Acupuncture Guidelines note that in general acupuncture "may be used as an adjunct to physical rehabilitation." The injured worker has left hand and thumb pain rated 5 out of 10. She reported the neck pain radiated to the left upper extremity. Medications in use were Motrin and Tramadol, which helped pain from 9 out of 10 down to 5 out of 10. Flexeril was used as an "on needed" basis to help with paraspinal muscles spasms. On exam, the cervical spine revealed tenderness and hypertonicity over the trapezius and positive cervical compression test. The shoulders were tender. The left thumb was tender. The provider noted that due to the fact the physical therapy did increase the range of motion and decreased the pain, this allowed her to qualify resuming her

job and to continue to work unrestricted. The treating physician has not documented objective evidence of derived functional benefit from completed acupuncture sessions, such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention. The criteria noted above not having been met, Acupuncture 2 times a week for 6 weeks to the cervical spine, bilateral shoulders and left hand is not medically necessary.