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| <b>Case Number:</b>   | CM15-0218205 |                              |            |
| <b>Date Assigned:</b> | 11/10/2015   | <b>Date of Injury:</b>       | 02/20/2015 |
| <b>Decision Date:</b> | 12/21/2015   | <b>UR Denial Date:</b>       | 10/06/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/05/2015 |

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 57 year old male, who sustained an industrial injury on 2-20-2015. The injured worker is being treated for craniocervical headaches, cervical sprain-strain with radiculitis, bilateral shoulder sprain-strain and impingement syndrome, bilateral elbow sprain-strain, left medial epicondylitis, bilateral wrist sprain-strain, lumbar sprain-strain with radiculitis and bilateral knee sprain-strain. Treatment to date has included medications, diagnostics, chiropractic care, TENS and activity modification. Per the Primary Treating Physician's Progress Report dated 6-30-2015, the injured worker reported cervical spine, bilateral shoulder, bilateral elbow, and bilateral wrist pain rated as 2-3 out of 10, lower back pain rated as 3-4 out of 10 and bilateral knee pain rated as 2 out of 10. Objective findings were not provided with the documentation for this date. Functional status was "improved" since the last visit. The notes from the provider do not document efficacy of the current treatment. Work status was temporary total disability for 6 weeks. The plan of care included medications injections, and chiropractic care. On 10-06-2015, Utilization Review non-certified a request for 6 visits (3x2) of acupuncture and 6 (3x2) visits of physical therapy for the cervical spine, bilateral shoulders, bilateral elbows, bilateral wrists-hands, bilateral knees and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 x a week for 2 weeks for the cervical spine, bilateral shoulders, bilateral elbows, bilateral wrists/hands, bilateral knees and lumbar spine:** Overturned

**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:** Review indicates the patient has received extensive conservative treatment of at least 12 chiropractic sessions along with TENS and medications with continued impaired function and disability; however, records do not show previous PT trial. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has not had previous physical therapy, which is medically appropriate to allow for relief and instruction on a home exercise program for this injury. Guidelines allow for 8-10 visits of therapy with fading of treatment to an independent self-directed home program. Submitted reports have adequately demonstrated the indication to support the therapy to allow for maximal functional benefit and recovery. Medical necessity has been established. The Physical therapy 3 x a week for 2 weeks for the cervical spine, bilateral shoulders, bilateral elbows, bilateral wrists/hands, bilateral knees and lumbar spine is medically necessary and appropriate.

**Acupuncture treatment 2 x a week for 3 weeks for the cervical spine, bilateral shoulders, bilateral elbows, bilateral wrists/hands, bilateral knees and lumbar spine:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** Review indicates the patient has received extensive conservative treatment of at least 12 chiropractic sessions along with TENS and medications with continued impaired function and disability; however, records do not show previous Acupuncture trial. It is not clear if the patient has participated in previous acupuncture. MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. Submitted reports have demonstrated the medical indication to support this request with specific conjunctive therapy towards a functional restoration approach for acupuncture visits, within guidelines criteria for initial trial. The Acupuncture treatment 2 x a week for 3 weeks for the cervical spine, bilateral shoulders, bilateral elbows, bilateral wrists/hands, bilateral knees and lumbar spine is medically necessary and appropriate.