

Case Number:	CM15-0038135		
Date Assigned:	03/06/2015	Date of Injury:	07/19/2011
Decision Date:	04/17/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/28/2015

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: 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:

This 46-year-old female sustained a work related injury on 07/19/2011. According to a progress report dated 10/13/2014, the injured worker complained of neck pain radiating down bilateral upper extremities to the shoulders and wrists. Pain was accompanied by numbness frequently in the bilateral upper extremities to the level of the hands. Pain was also located in the right shoulder and wrist and bilaterally in the elbows. She had ongoing frontal, occipital, migraine headaches. Pain was rated 6 on a scale of 1-10 on average with medications since last visit and 7 without medications. She reported activity of daily living limitations in self-care, hygiene, activity, hand function, sleep and sex. Treatments have included Cervical Epidural Steroid Injection and acupuncture and therapy. The injured worker reported that acupuncture was helpful. She reported an 80 percent improvement due to this therapy. Diagnoses included chronic pain other, cervical facet arthropathy, cervical radiculopathy, headaches, cervicgia, and migraine and status post right carpal tunnel release. Treatment plan included home exercise program. According to the provider ongoing home exercise education program was initiated on a prior office visit. According to a progress report dated 12/22/2014, the injured worker reported improvement with acupuncture and physical therapy. She felt pain improved and less sensitivity at the left carpal tunnel release site was noted. She had completed 4 weeks of physical therapy and reported improved pain control and functional improvement. The provider request additional weeks of physical therapy 1-2 times per week with goal of transition to a home exercise program based on therapist's recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

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

Decision rationale: The patient presents with pain and weakness in her neck and upper extremity. The patient is s/p carpal tunnel release on 06/28/13. The request is for 8 SESSIONS OF PHYSICAL THERAPY. The utilization review letter on 02/04/15 indicates that "The patient has completed 4 weeks of physical therapy which provided improved pain control and functional improvement." The patient is currently working. The current request of physical therapy appears outside of post-surgical time frame as surgery was more than 6 months from the request date. For non-post-operative therapy treatments, MTUS guidelines page 98 and 99 allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. In this case, the treater does not explain why additional therapy is needed. None of the reports specifically discuss how many sessions of therapy the patient has had. Reports do seem to indicate that the patient recently had some therapy. The treater does not explain why the patient is unable to transition into a home program. Furthermore, the requested 8 sessions combined with some already received would exceed what is allowed per MTUS for this kind of condition. The request of physical therapy IS NOT medically necessary.

Acupuncture 2 x 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: The patient presents with pain and weakness in her neck and upper extremity. The patient is s/p carpal tunnel release on 06/28/13. The request is for 8 SESSIONS OF ACUPUNCTURE. Per 01/15/15 progress report, "The patient reports that the use of acupuncture is helpful. The patient reports 80% improvement." The patient reports her quality of life has been improved as a result of the treatment. [The patient] wishes to continue this therapy based on her improved quality of life. The patient is currently working. 9792.24.1. Acupuncture Medical Treatment Guidelines. MTUS pg. 13 of 127 states: "(i) Time to produce functional improvement: 3 to 6 treatments (ii) Frequency: 1 to 3 times per week (iii) Optimum duration: 1 to 2 months. (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." In this case, the treater asked for additional acupuncture for the cervical spine and upper extremity due to the improvement from the previous acupuncture treatment. For additional acupuncture treatment, MTUS Guidelines requires

functional improvement as defined by Labor Code 9792.20e a significant improvement in ADLs, or change in work status and reduced dependence on medical treatments. Although the treater does not provide adequate documentation of functional improvement, the patient has benefitted from previous acupuncture such as 80% improvement. It may be reasonable to provide additional acupuncture to address the patient's chronic pain. However, without knowing how many sessions of acupuncture the patient has had in the past, the additional acupuncture IS NOT medically necessary.