

Case Number:	CM15-0042961		
Date Assigned:	03/13/2015	Date of Injury:	04/17/2009
Decision Date:	04/15/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/06/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 34-year-old female, who sustained an industrial injury on April 17, 2009. The injured worker was diagnosed as having cervical radiculopathy, tendonitis of the bilateral wrists, compensatory left shoulder pain and rotator cuff tendinitis. Treatment to date has included acupuncture and physical therapy for the cervical spine from which she had good response. Currently, the injured worker complains of pain of the cervical spine, right wrist, left wrist, right elbow, right shoulder and left shoulder. She reports the cervical spine pain, the right wrist pain, right shoulder pain are sharp, dull and aching pain in nature. She reports burning pain in all the fingers of the left hand and notes that Flector and Lyrica have helped. She is no longer attending physical therapy and has transitioned to a home exercise program. The treatment plan includes continuation of acupuncture and physical therapy and use of her wrist brace when typing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six sessions of physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant is more than five years status post work-related injury and continues to be treated for chronic neck, shoulder, elbow, and wrist pain. Prior treatments had included physical therapy including a home exercise program with reported benefit. In terms of physical therapy, patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits. The claimant has no other identified impairment that would preclude performing such a program. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments.

Twelve sessions of acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The claimant is more than five years status post work-related injury and continues to be treated for chronic neck, shoulder, elbow, and wrist pain. Guidelines recommend acupuncture as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented. In this case, the number of requested treatments is in excess of recommended guidelines and the claimant is already performing an independent home exercise program. The requested acupuncture treatments are therefore not medically necessary.