

Case Number:	CM15-0044726		
Date Assigned:	03/17/2015	Date of Injury:	11/09/2014
Decision Date:	04/20/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/10/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 54-year-old male with an industrial injury dated November 9, 2014. The injured worker diagnoses include right shoulder sprain/strain, chronic sprain/strain of right wrist and lumbosacral sprain/strain. Treatment to date has included diagnostic studies, prescribed medications, physical therapy, consultation and periodic follow up visits. According to the progress note dated 1/8/2015, the injured worker currently complains of low back pain and right shoulder pain with numbness and pain in the right hand. Objective findings revealed right shoulder pain, anteriorly with decrease range of motion in the right shoulder. Documentation also noted decrease right hand grip and low back pain with decrease range of motion. The treating physician requested 16 sessions of acupuncture for low back, shoulder, arms & wrists and 16 sessions of physical therapy for low back, shoulder, arms & wrists now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy: Low Back, Shoulder, Arms & Wrists, 16 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 196-219, 260-278, 287-315, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Shoulder (Acute & Chronic), Forearm, Wrist, & Hand, Physical Therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. ODG further states that a "six-visit clinical trial" of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. MTUS and ODG state regarding wrist occupational therapy, "Allow for fading of treatment frequency (from up to 3 visits or more per week to 1 or less), plus active self-directed home PT. More visits may be necessary when grip strength is a problem, even if range of motion is improved." MTUS Postsurgical Treatment Guidelines additionally states, "If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period." And further specifies by procedure: The treating physician failed to provide documentation of objective functional improvement and/or pain relief from previous sessions of physical therapy. As such, the request for Physical Therapy: Low Back, Shoulder, Arms & Wrists, 16 sessions is not medically necessary.

Acupuncture: Low Back, Shoulder, Arms & Wrists, 16 sessions: 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 Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Acupuncture.

Decision rationale: MTUS "Acupuncture Medical Treatment Guidelines" clearly state that "acupuncture is used as an option when pain medication is reduced or not tolerated; it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." The initial trial should be "3-4 visits over 2 weeks with evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.)" Guidelines recommend a 3-4 visit initial trial of acupuncture, if objective functional improvement is observed, treatment may be extended. The number of sessions requested is in excess of guideline recommendations. As such, the request for Acupuncture: Low Back, Shoulder, Arms & Wrists, 16 sessions is not medically necessary.

