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| <b>Case Number:</b>   | CM15-0049780 |                              |            |
| <b>Date Assigned:</b> | 03/23/2015   | <b>Date of Injury:</b>       | 08/08/2014 |
| <b>Decision Date:</b> | 05/01/2015   | <b>UR Denial Date:</b>       | 03/13/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/16/2015 |

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 38 year old male who sustained an industrial injury on 8/8/14. The injured worker reported symptoms in the back and left lower extremity. The injured worker was diagnosed as having myofascial pain syndrome, disc displacement lumbar spine, lumbar radiculopathy and lumbar sprain and strain. Treatments to date have included oral pain medication, muscle relaxant, physical therapy, ice/heat, nonsteroidal anti-inflammatory drugs, and acupuncture treatment. Currently, the injured worker complains of pain in the lower back and left lower extremity. The plan of care was for acupuncture and physical therapy and a follow up appointment at a later date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electro-Acupuncture with Infrared Heat and Myofascial Release for Right Elbow and Wrist QTY: 6: Upheld**

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

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

**Decision rationale:** Electro-Acupuncture with Infrared Heat and Myofascial Release for Right Elbow and Wrist QTY: 6 is not medically necessary per the MTUS Acupuncture Medical Treatment Guidelines. The MTUS guidelines state that the time to produce functional improvement is 3 to 6 treatments. The documentation does not indicate a rationale or exam findings that would necessitate electroacupuncture for the right elbow or wrist therefore this request is not medically necessary.

**Physical Therapy with Work Hardening, 2 times a week for 3 weeks QTY: 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 11. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers' Comp, 9th Edition (web), Physical Therapy, Physical/Occupational Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125.

**Decision rationale:** Work hardening is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities. The guidelines state that there should be a defined return to work goal agreed to by the employer & employee. The request exceeds the 1-2 week recommended trial period of treatment. The documentation does not indicate a defined return to work goal agreed on by the employer and employee. For these reasons the request for physical therapy with work hardening is not medically necessary.

**Physical Therapy QTY: 6:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**Decision rationale:** Physical Therapy QTY: 6 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits of therapy for this condition with transition to an independent home exercise program. The documentation indicate that the patient has had prior therapy. The addition of 6 more supervised visits would exceed guideline recommendation of 10 visits. The patient should be versed in a home exercise program. There are not extenuating factors documented requiring 10 more supervised therapy visits. The request is not medically necessary.