

Case Number:	CM15-0050718		
Date Assigned:	03/24/2015	Date of Injury:	12/04/2013
Decision Date:	05/01/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/17/2015

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: Family Practice

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 47 year old female, who sustained an industrial injury on 12/4/13. She reported initial complaints of cervical spine, right shoulder to fingers symptoms. The injured worker was diagnosed as having cervical disc protrusion, cervical myospasms; cervical radiculopathy; right shoulder impingement syndrome; right carpal tunnel syndrome; right wrist sprain/strain. Treatment to date has included physical therapy; wrist brace; cervical pillow; Functional Capacity Evaluation; MRI right shoulder (1/28/14); MRI cervical spine (3/7/14 and 9/10/14); MRI right wrist (9/10/14); status post right shoulder arthroscopic subacromial decompression, open distal clavicle excision, debridement glenohumeral joint and supraspinatus tendon (7/17/14); medications . Currently, the PR-2 notes dated 1/30/15, the injured worker complains of cervical, right shoulder and right wrist pain. The injured worker is a status post right shoulder arthroscopic subacromial decompression, open distal clavicle excision, debridement glenohumeral joint and supraspinatus tendon of 7/17/14. The provider is requesting acupuncture and physical therapy sessions for increase range of motion and activities of daily living and decrease pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight sessions of acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Page(s): 8.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of acupuncture as a treatment modality. These guidelines refer to Section 9792.24.1 of the California Code of Regulations, Title 8, under the Special Topics section. This section addresses the use of acupuncture for chronic pain in the workers' compensation system in California. This section states the following: 9792.24.1. Acupuncture Medical Treatment Guidelines: (a) As used in this section, the following definitions apply: (1) "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. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm.(2) "Acupuncture with electrical stimulation" is the use of electrical current (micro-amperage or milli-amperage) on the needles at the acupuncture site. It is used to increase effectiveness of the needles by continuous stimulation of the acupoint. Physiological effects (depending on location and settings) can include endorphin release for pain relief, reduction of inflammation, increased blood circulation, analgesia through interruption of pain stimulus, and muscle relaxation. It is indicated to treat chronic pain conditions, radiating pain along a nerve pathway, muscle spasm, inflammation, scar tissue pain, and pain located in multiple sites. (3) 'Chronic pain for purposes of acupuncture' means chronic pain as defined in section 9792.20(c). (b) Application: (1) These guidelines apply to acupuncture or acupuncture with electrical stimulation when referenced in the clinical topic medical treatment guidelines in the series of sections commencing with 9792.23.1 et seq., or in the chronic pain medical treatment guidelines contained in section 9792.24.2.(c) Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments.(2) Frequency: 1 to 3 times per week.(3) Optimum duration: 1 to 2 months.In this case, the key issue is that the number of requested sessions exceeds the maximum number allowed. Further, there is insufficient documentation on the frequency or duration of the initial treatment. Finally, there is insufficient documentation on the functional outcomes that will be monitored to assess the effectiveness of this intervention. For these reasons, eight sessions of acupuncture is not medically necessary.

Eight sessions of physical therapy: Upheld

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

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of physical therapy as a treatment modality. These guidelines state the following: The provider's request should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercise program. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2):8-10 visits over 4 weeks. In this case, the records indicate that the patient has received a series of physical therapy sessions; however, the number of prior sessions is not defined and the functional benefit of these sessions is not documented. It would be expected with prior physical therapy treatments, the patient would have been instructed towards a self-directed home exercise program. It is unclear why the patient needs to re-engage in eight additional sessions. For these reasons, eight sessions of physical therapy is not medically necessary.