

<b>Case Number:</b>	CM15-0081140		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	08/04/2011
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 30-year-old female sustained an industrial injury to the neck and bilateral upper extremities on 8/4/11. Previous treatment included magnetic resonance imaging, electromyography, physical therapy, chiropractic therapy and medications. In a PR-2 dated 3/2/15, the injured worker complained of ongoing neck, right shoulder, right elbow and right wrist pain. The physician noted that the injured worker had a wearing down of the entire pushing or pulling mechanism of the right upper extremity with multiple chronic tendonitis and possible tendinosis of the right shoulder in the form of supraspinatus tendonitis, bicipital tendonitis and most likely infraspinatus tendonitis. Additional diagnoses included hand and wrist flexor tendonitis and right carpal tunnel syndrome. The treatment plan included physical therapy twice a week for four weeks; acupuncture once a week for six weeks, a tennis elbow brace, a right carpal tunnel brace and a medical doctor evaluation for evaluation of the necessity for medications such as anti-inflammatories.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy Sessions, quantity 8: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26 MTUS (Effective July 18, 2009) Page(s): 98 of 127.

**Decision rationale:** This claimant was injured back in 2011. There has been extensive past physical and chiropractic therapy. The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are 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; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. In addition, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: "Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient". Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self-actualization. This request for more skilled, monitored therapy was appropriately not medically necessary.

**Acupuncture Sessions, quantity 6:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** It is noted in review of the past UR records, the claimant already had 12 sessions of acupuncture. The objective, functional benefit out of those treatments is not noted. The MTUS notes frequency and duration of acupuncture or acupuncture may be up to 6 treatments to confirm functional improvement. Acupuncture treatments may be extended only if true functional improvement is documented as defined in Section 9792.20(f). This frequency and duration requested is above guides as to what may be effective, and there is no objective documentation of effective functional improvement in the claimant. The sessions were appropriately not medically necessary under the MTUS Acupuncture criteria.