

Case Number:	CM15-0242078		
Date Assigned:	12/21/2015	Date of Injury:	06/12/2014
Decision Date:	01/28/2016	UR Denial Date:	12/02/2015
Priority:	Standard	Application Received:	12/11/2015

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:

This is a 51 year old male with a date of injury on 6-12-2014. A review of the medical records indicates that the injured worker is undergoing treatment for cervical sprain-strain, repetitive stress injury and myofascial pain in both upper extremities. According to the progress report dated 10-14-2015, the injured worker complained of pain in his upper extremities with numbness and tingling in the bilateral fourth and fifth digits. He also complained of dizziness in his left ear, headaches and low back pain. He had completed 5 out of 6 sessions of acupuncture. He reported having headaches less often. The physical exam (10-14-2015) revealed left shoulder pain with extension. Treatment has included acupuncture, physical therapy for the neck and arms and myofascial therapy. The request for authorization was dated 11-11-2015. The original Utilization Review (UR) (12-2-2015) denied requests for acupuncture for the neck and left shoulder and physical therapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 6 sessions for the neck and left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The claimant sustained a cumulative trauma work injury with date of injury in June 2014. He was seen for an initial evaluation by the requesting provider in July 2015. He had done physical therapy for his neck and arms earlier that year. At the last session he was lifting weights and injured his left shoulder. He had not had acupuncture treatments. Physical examination findings included decreased and painful left shoulder range of motion with positive impingement testing. There was decreased bilateral second through fifth finger sensation. There was slight left lateral elbow tenderness. There was normal lower extremity strength. Authorization was requested for six acupuncture treatments. In August 2015 the acupuncture treatments had been approved. Work restrictions were limited keyboard and mouse use up to 15 mixed an hour and no lifting over 10 pounds. In October 2015 he was continuing to have upper extremity pain with numbness and tingling. He had completed five of six acupuncture treatments. After treatment sessions he had fewer headaches and was able to cook and had less pain after exercise. After exercising he was able to walk instead of lying down to rest. Physical examination findings were that of pain with left shoulder extension. Lower extremity strength was normal. Authorization was requested for six additional acupuncture treatments and for six sessions of physical therapy. He had not had physical therapy for his lumbar spine for this injury. The same work restrictions were continued. The role of acupuncture is addressed in the treatment of chronic pain with a time to produce functional improvement of 3 to 6 treatments. Acupuncture treatments may be extended if functional improvement is documented, meaning either a clinically significant improvement in activities of daily living or a reduction in work restrictions. In this case, the claimant's work restrictions are unchanged however he has improved exercise tolerance and activities of daily living with specific example given. The Number and duration of treatments being requested is within the guideline recommendation and is considered medically necessary.

Physical therapy x6 sessions for the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

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 sustained a cumulative trauma work injury with date of injury in June 2014. He was seen for an initial evaluation by the requesting provider in July 2015. He had done physical therapy for his neck and arms earlier that year. At the last session he was lifting weights and injured his left shoulder. He had not had acupuncture treatments. Physical examination findings included decreased and painful left shoulder range of motion with positive impingement testing. There was decreased bilateral second through fifth finger sensation. There was slight left lateral elbow tenderness. There was normal lower extremity strength. Authorization was requested for six acupuncture treatments. In August 2015 the acupuncture treatments had been approved. Work restrictions were limited keyboard and mouse use up to 15 mixed an hour and no lifting over 10 pounds. In October 2015 he was continuing to have upper

extremity pain with numbness and tingling. He had completed five of six acupuncture treatments. After treatment sessions he had fewer headaches and was able to cook and had less pain after exercise. After exercising he was able to walk instead of lying down to rest. Physical examination findings were that of pain with left shoulder extension. Lower extremity strength was normal. Authorization was requested for six additional acupuncture treatments and for six sessions of physical therapy. He had not had physical therapy for his lumbar spine for this injury. The same work restrictions were continued. The claimant is being treated for chronic pain. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is consistent with that recommended and what might be anticipated in terms of establishing or revising a home exercise program. Physical therapy would be adjunctive treatments in combination with the acupuncture treatments being provided for pain. The request was medically necessary.