

Case Number:	CM14-0115309		
Date Assigned:	08/04/2014	Date of Injury:	11/04/2010
Decision Date:	10/08/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/23/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in Arizona. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 beneficiary is a 35year old man with a work-related injury dated 11/4/10 resulting in chronic right arm and shoulder pain. The patient has had multiple treatment modalities including surgical intervention, physical therapy, oral analgesics and steroid injections. The patient had subacromial decompression and distal clavicle excision on 3/5/12 and a rotator cuff repair on 12/8/12. On 6/2/14 the patient was seen by the secondary provider, PM&R. He continued to have significant pain with spasms in the neck radiating to the right shoulder, forearm and fingers. The physical exam showed crepitus with right shoulder range of motion. The diagnosis included cervicobrachial syndrome, status post right rotator cuff surgeries and chronic pain syndrome. The plan of care included acupuncture for a course of six sessions and physical therapy 2 times a week for 5 weeks. On 6/23/14 he was re-evaluated by the provider for low back pain. The exam was without neurological deficits and the diagnosis was low back pain. The plan of care included acupuncture 2 times a week for 5 weeks and physical therapy 2 times a week for 5 weeks. Under consideration are the requested services for acupuncture #10 sessions and physical therapy #10 sessions requested on 6/23/14. These services were denied during utilization review dated 7/18/14 as the same services had been requested on 6/2/14 and approved on 6/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture to the low back QTY: 10.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

Decision rationale: According to ACOEM section on low back pain acupuncture has not been found effective in the management of back pain based on several high-quality studies. In this case the patient has low back pain; acupuncture has not been shown to be effective therefore it is not medically necessary.

Physical Therapy to the low back QTY: 10.00: 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 Page(s): 98-99.

Decision rationale: Passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. Physical Medicine Guidelines state that it should be allowed for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case the patient was approved for physical therapy on 6/24/14. This course of PT was requested on 6/23/14. This is too soon to allow for assessment of functional improvement and the fading of treatment frequency in sessions while allowing for a home exercise program.