

Case Number:	CM14-0116050		
Date Assigned:	08/06/2014	Date of Injury:	02/29/2012
Decision Date:	09/30/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/24/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in California. 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 injured worker is a 64-year-old female who reported an injury on 02/29/2012. The mechanism of injury was not noted. The injured worker's diagnosis was noted to be rotator cuff tear, shoulder strain, and degenerative disc disease. On 07/01/2014, a primary treating physician's progress report notes subjective complaints of severe pain in the left shoulder rated 2.5/10. She stated flare ups to the right shoulder, including tightness to the joint. She has low back pain daily, rated a 5/10, with lower left extremity paresthesias. She complained of left heel pain with difficulty weight bearing. She stated left heel pain a 9/10. She completed 12 visits of physical therapy to the right hip/lumbar spine/left knee. She has 8 additional physical therapy sessions requested. She stated physical therapy aided in diminishing symptoms to right hip being stuck. She completed 4/4 acupuncture visits, which she stated was effective for pain control. The objective findings included an antalgic gait favoring left lower extremity. Lumbosacral range of motion was limited. She was unable to heel ambulate. Her sensation was intact. She had a negative seated straight leg raise. The treatment plan was for 8 sessions of physical therapy and 4 sessions of acupuncture. A rationale for the request was provided within the treatment plan. A Request for Authorization form was also provided and dated 07/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Physical Therapy sessions L/S and right hip: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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

Decision rationale: The request for 8 Physical Therapy sessions L/S and right hip is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines recommend physical medicine. 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual, and/or tactile instruction. The physical medicine guidelines 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 guidelines allow up to 10 visits over 8 weeks. The documentation submitted for review indicates the injured worker has had physical therapy. Efficacy was noted; however, it was not significant. The guidelines suggest self directed home physical medicine. The injured worker's clinical evaluation does not indicate functional deficits. Efficacy of the completed 12 visits was not noted to be significantly effective. The provider's request for an additional 8 visits is in excess of the total visits recommended by the guidelines. Therefore, the request for 8 Physical Therapy sessions L/S and right hip is not medically necessary.

4 Acupuncture sessions to L/S, right hip, left shoulder, left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for 4 Acupuncture sessions to L/S, right hip, left shoulder, left knee is not medically necessary. The California MTUS Acupuncture Medical Treatment Guidelines recognize acupuncture 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 in functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints. Needles may be inserted, manipulated, and retained for a period of time. Acupuncture may 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 anxious injured worker, and reduce muscle spasm. The injured worker has had 4 sessions of acupuncture. There is a lack of clinical evidence indicating the injured worker had a reduction in medication as a result of acupuncture. In fact, efficacy has not been noted within the documentation. The guidelines state time to produce functional improvement with acupuncture are 3 to 6 treatments. A frequency is 1 to 3 times per week. With an optimum duration of 1 to 2 month treatment. The guidelines state acupuncture treatments may be extended if functional improvement is documented. Due to lack of documented functional improvement, the request for 4 Acupuncture sessions to L/S, right hip, left shoulder, left knee is not medically necessary.

