MAXIMUS Federal Services

Case Number:	CM14-0126185		
Date Assigned:	09/24/2014	Date of Injury:	01/05/2010
Decision Date:	10/30/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/08/2014

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 Occupational Medicine, 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 applicant is represented [redacted] employee who has filed a claim for chronic neck, back, wrist, and knee pain reportedly associated with an industrial injury of January 5, 2010. In a Utilization Review Report dated July 23, 2014, the claims administrator partially certified a request for eight sessions of physical therapy as three sessions of the same and denied a request for four sessions of acupuncture outright. The claims administrator stated that the applicant had had four to six sessions of acupuncture and has failed to respond favorably to the same. The applicant's attorney subsequently appealed. In an April 15, 2014 prescription form, authorization was sought for naproxen, Flexeril, Imitrex, Zofran, Prilosec, tramadol, and topical Terocin, through usage of preprinted checkboxes, with no narrative commentary or progress note attached. In an April 9, 2014 orthopedic note, the applicant reported persistent complaints of neck pain, low back pain, and bilateral upper extremity pain. The applicant was status post carpal tunnel release surgery. The applicant was using Norvasc or hypertension, it was noted. A pain management consultation, aquatic therapy, lumbar supports, and wrist braces were endorsed. A rather proscriptive 10-pound lifting limitation was endorsed, although it did not appear that the applicant was working with said limitation in place. The attending provider noted that the applicant had completed about "20 physical therapy sessions without avail" through that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment 2 x 2, bilateral wrists: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request in question does represent a renewal request for acupuncture; it has been suggested by both the attending provider and claims administrator. As noted in MTUS acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20f. In this case, however, the applicant does not appear to be working with a rather proscriptive 10-pound lifting limitation in place. The applicant remains highly dependent on various oral and topical medications, including Tramadol, Flexeril, Zofran, Terocin, etc. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS despite earlier acupuncture in unspecified amounts over the course of the claim. Therefore, the request for additional acupuncture is not medically necessary.

Physical therapy (with a low level work conditioning and home exercise program), right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine and Work conditioning/Work hardening.

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

Decision rationale: The applicant has already had prior treatment (at least 20 sessions, per the attending provider), seemingly well in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for Myalgias and myositis of various body parts, the diagnosis reportedly present here. As further noted on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. In this case, however, the applicant is off of work. The applicant remains highly dependent on various oral and topical medications. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS despite completion of 20 plus prior sessions of physical therapy over the course of the claim. Therefore, the request is not medically necessary.