

Case Number:	CM14-0127239		
Date Assigned:	08/15/2014	Date of Injury:	03/03/2014
Decision Date:	10/15/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/11/2014

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 and Rehabilitation and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 36 year old female who sustained a work injury on 3-3-14. The claimant sustained an injury when moving boxes of textbooks off a chair. Office visit on 7-8-14 notes the claimant completed 6 out of 10 physical therapy sessions authorized. The claimant has also been treated with acupuncture and medications and chiropractic therapy. The claimant reports neck, upper and mid back pain. The claimant reports pain in the neck with restricted movements, intermittent upper back pain with movement. The pain comes and goes in the lower back. The claimant has been given a diagnosis of thoracic spine strain and strain with myofascitis, lumbar spine and strain with myofascitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy, 2 times a week for 6 weeks, cervical/thoracic/lumbar spine QTY: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Neck and upper back, Physical therapy

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

(ODG), Neck and Upper Back, physical therapy & Low Back - Lumbar & Thoracic, Physical therapy

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes 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 claimant had been provided with physical therapy sessions recently. There is an absence in documentation noting that this claimant cannot perform a home exercise program. There are no extenuating circumstances to support physical therapy at this juncture. This claimant should already be exceeding well-versed in an exercise program. It is not established that a return to supervised physical therapy is medically necessary and likely to significantly improve or impact the patient's overall pain level and functional status beyond that of her actively utilizing an independent home exercise program. The guidelines state patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The requested course of physical therapy is excessive and inconsistent with the recommendations of the CA MTUS guidelines. The medical necessity of the request is not established.

Additional acupuncture, 1 time a week for 6 weeks, cervical/thoracic/lumbar spine QTY: 6.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA MTUS/ACOEM guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, with frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician is paramount. In addition, Acupuncture Medical Treatment Guidelines state that acupuncture may be used 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 functional recovery. This claimant has been provided with acupuncture and functional objective responses from acupuncture are not documented. Therefore, the medical necessity for ongoing acupuncture is not established.