

Case Number:	CM14-0212630		
Date Assigned:	12/30/2014	Date of Injury:	12/05/2011
Decision Date:	02/27/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 (IW) is a 56-year-old woman with a date of injury of December 5, 2011. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are cervicalgia; lesion of ulnar nerve; pain in joint involving hand; trigger finger; thoracic or lumbosacral neuritis or radiculitis, unspecified; degeneration of lumbar or lumbosacral intervertebral disc; and lumbago. Pursuant to the Primary Treating Physician's Progress Report (PR-2) dated December 5, 2014, the IW complains of bilateral hand pain. She also complains of pain in her neck. She reports severe pain in the medial aspect of the elbow and traveling into the ulnar side of her right hand, mostly digits 4-5. She has constant numbness and tingling in the ulnar side of her right hand and digits 4-5. Her pain is severe and debilitating and getting worse with each day. Objectively, the IW has clear triggering of the bilateral thumbs, ring fingers, and long finger. Examination of the right hand reveals guarding, and sensitivity to light touch. Examination of the left hand reveals guarding. The left thumb is locked in extension with a palpable nodule and swelling. All special tests are negative. Neurovascular exam is normal bilaterally. According to documentation, the IW has complete 12 sessions of hand therapy. She reports it has been helpful. The documentation in an October 30, 2014 progress note states the IW would "greatly benefit from continued physical therapy". Although physical therapy documentation is present, the treating physician does not document objective functional improvement and to what degree. The documentation indicates the IW received acupuncture treatments, however, the number of sessions and duration are not documented in the record. The October 30, 2014 progress note requests an additional eight sessions (one time per week times

eight sessions) and the IW would "greatly benefit" from continued acupuncture. The documentation does not indicate the total number of acupuncture sessions received and the duration. The current request is for physical therapy to the neck, back and hand, and acupuncture one time per week for six weeks (six sessions).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for her neck back and hand: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy to the neck back in hand is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are cervicalgia; lesion of ulnar nerve; pain and joint involving hand; trigger finger; thoracic or lumbosacral neuritis or radiculitis; degeneration of lumbar intervertebral disc; and lumbago. The documentation indicates, pursuant to a December 5, 2014 progress note, the injured worker completed 12 physical therapy sessions. When treatment duration and number of visits exceeds the guideline, exceptional factors should be noted. The injured worker completed 12 physical therapy sessions and there are no compelling clinical facts to support ongoing physical therapy. The documentation in an October 30, 2014 progress note states the patient would "greatly benefit from continued physical therapy". Although physical therapy documentation is present, the treating physician does not document objective functional improvement and to what degree in the documentation. Consequently, absent clinical documentation to support ongoing physical therapy, compelling clinical indications/facts to warrant additional therapy in excess of the guidelines, and objective functional improvement, physical therapy to the neck, back and hand are not medically necessary.

Acupuncture Once A Week for 6 Weeks = 6 Sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Acupuncture.

Decision rationale: Pursuant to the Official Disability Guidelines, acupuncture one time per week for six weeks (six sessions) is not medically necessary. Acupuncture is recommended as an option for some conditions using a short course in conjunction with other interventions. The guidelines recommend an initial trial of 3 to 4 visits for two weeks; evidence of reduced pain, medication and objective functional improvement, a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy. In this case, the injured worker's working diagnoses are cervicalgia; lesion of ulnar nerve; pain and joint involving hand; trigger finger; thoracic or lumbosacral neuritis or radiculitis; degeneration of lumbar intervertebral disc; and lumbago. The documentation indicates the injured worker received acupuncture treatment, however, the number of sessions and duration are not documented in the record. The October 30, 2014 progress note requests an additional eight sessions (one time per week times eight sessions and the patient would "greatly benefit" from continued acupuncture. The documentation does not indicate the total number of acupuncture sessions received and the duration. There is no compelling clinical rationale in the medical record. Additionally, the guidelines are inconclusive for repeating acupuncture beyond an initial short course of therapy. There is no objective functional improvement document the medical record. Consequently, absent compelling clinical facts supporting ongoing acupuncture in contravention of the guidelines, knowledge of the total number of acupuncture visits and duration, acupuncture one time per week for six weeks (six sessions) is not medically necessary.