

<b>Case Number:</b>	CM14-0215520		
<b>Date Assigned:</b>	01/05/2015	<b>Date of Injury:</b>	07/22/2011
<b>Decision Date:</b>	02/20/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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. 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: Arizona, California

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

46 yr. old claimant sustained a work injury on 7/22/11 involving the neck back and shoulders. She was diagnosed with headaches, shoulder pain and neck strain. A progress note on 6/19/14 indicated the claimant had pain in the involved areas. She had been on Advil, Imitrex, Nortyrtiline, Tylenol and toical Voltaren for symptom relief. Exam findings were notable for right arm weakness, multiple myofacial trigger points and notable crying from depression. The physician requested acupuncture and physicial therapy for 6 sessions each. The claimant had completed an unknown amount of physical therapy in January 2014. Prior unknown amounts of acupuncture were performed as well.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional PT x 6, right shoulder, neck, head.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to the MTUS guidelines, therapy is recommended in a fading frequency. They 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 following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks In this case, there was no indication that the claimant cannot perform the exercises at home or in a fading frequency. The amount of prior therapy sessions completed is unknown. Therefore the request for 6 sessions of physical therapy is not medically necessary.

**Acupuncture x 6 right shoulder, neck, head.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** "Acupuncture" is 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. It may take 3-6 sessions to see functional improvement. In this case, the amount of prior acupuncture sessions and clinical response is unknown. In addition it is considered an option. As a result, acupuncture is not medically necessary.