

Case Number:	CM15-0113369		
Date Assigned:	06/19/2015	Date of Injury:	05/14/2014
Decision Date:	08/07/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/11/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 19-year-old male, who sustained an industrial injury on May 14, 2014. The injured worker was diagnosed as having posttraumatic stress disorder (PTSD), adjustment disorder and panic disorder. Treatment to date has included acupuncture and medication. A progress note dated April 15, 2015 provides the injured worker complains of anxiety and difficulty swallowing. He reports he would like more acupuncture. Physical exam is unremarkable. An acupuncture initial consultation dated March 25, 2015 notes pain rated 7/10. There is a request for acupuncture and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of physical therapy to the right knee: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain 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) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in May 2014 and continues to be treated for right knee pain, PTSD, anxiety, and depression. When seen, he had completed five acupuncture treatments. He reported that on more days than not it was working and he was requesting additional treatments. His sleep had improved. He was considering working as a security guard. An evaluation for the right knee was pending. An additional six acupuncture treatments and physical therapy for the right knee was requested. The claimant is being treated for chronic pain. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of physical therapy visits requested is consistent with that recommended and what might be anticipated in terms of establishing or revising a home exercise program. The request was medically necessary.

6 sessions of acupuncture to the right knee: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain 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) Mental Illness & Stress, Acupuncture.

Decision rationale: The claimant sustained a work injury in May 2014 and continues to be treated for right knee pain, PTSD, anxiety, and depression. When seen, he had completed five acupuncture treatments. He reported that on more days than not it was working and he was requesting additional treatments. His sleep had improved. He was considering working as a security guard. An evaluation for the right knee was pending. An additional six acupuncture treatments and physical therapy for the right knee was requested. Acupuncture is recommended as an option with an initial trial of 3-4 visits over 2 weeks and a total of up to 8-12 visits over 4-6 weeks when there is evidence of functional improvement. In this case, the claimant had improvement after five treatments and was considering returning to work. The number of additional treatments being requested is within the guideline recommendation and can be considered medically necessary.