

<b>Case Number:</b>	CM15-0119665		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	12/04/2014
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 50 year old male, who sustained an industrial injury on 12/4/14. Initial symptoms experienced by the injured worker were not included in the documentation. The injured worker was diagnosed as having neck sprain/strain and cervicgia. Treatment to date has included medication, physical therapy and x-ray. Currently, the injured worker complains of intermittent mild neck and left shoulder pain and stiffness. The injured worker is currently diagnosed with tension headache, cervical musculoligamentous injury, cervical myospasm, cervical disc protrusion, cervical spine stenosis, left shoulder myoligamentous injury, left shoulder muscle spasm and rule out left shoulder internal derangement. An examination on 6/1/15, by the primary physician, revealed tenderness with palpation to the neck muscles as well as the trapezius muscles bilaterally. Pain is experienced when the injured worker lowers his shoulder and muscle spasms are noted in the trapezius muscles. There aren't any signs or symptoms of decreased muscle strength, reflexes or loss of sensation noted. A note dated 5/4/15 from a physical therapy appointment states the injured worker is making substantial improvement with a decrease in pain as the result. At the time of his physical therapy appointment, he rated his cervical spine and left shoulder pain at 0. The plan was to continue physical therapy treatments three times a week for four weeks. The A 6/9/15 note from an acupuncture evaluation appointment states his range of motion is visibly decreased in his neck and left shoulder with mild to moderate spasm of the trapezius and cervical musculature. The injured worker is currently able to return to full duty with no restrictions. A request for acupuncture 18 sessions (3 times a week for 6 weeks) and physical therapy 2 sessions, kinetic

activities, is being sought due to the injured workers report of chronic soreness at the end of his day.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Acupuncture 3 times a week for 6 weeks:** Upheld

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

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

**Decision rationale:** It is not clear if the patient has participated in previous acupuncture. Current clinical exam show no specific physical impairments or clear dermatomal/ myotomal neurological deficits to support for treatment with acupuncture to the spine. The patient has been certified physical therapy without documented functional improvement. There are no clear specific documented goals or objective measures to identify for improvement with a functional restoration approach for this injury with ongoing unchanged chronic pain complaints. MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. Submitted reports have not demonstrated the medical indication to support this request for 18 treatment visits, beyond guidelines criteria for initial trial. The Acupuncture 3 times a week for 6 weeks is not medically necessary or appropriate.

**Physical therapy x2 kinetic activities:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

**Decision rationale:** Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise

program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical therapy x2 kinetic activities is not medically necessary or appropriate.