

Case Number:	CM15-0126710		
Date Assigned:	07/13/2015	Date of Injury:	08/26/2014
Decision Date:	08/06/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/30/2015

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 33-year-old female, who sustained an industrial injury on 8/26/14. She reported left arm, back, left hip and left thigh pain. Treatment to date has included x-ray, medication, physical therapy and chiropractic care. Currently, the injured worker complains of constant moderate neck pain that radiates to her upper arm associated with tingling and numbness. She reports the pain is exacerbated by prolonged positioning of the head and neck, upward and downward gazing, turning her head, prolonged sitting, walking and lifting. She also experiences left shoulder pain described as constant and moderate. It is exacerbated by lifting her arm at or above shoulder level, pushing, pulling, torqueing or rotation of the arm and lifting. She has constant moderate low back pain that radiates to her left leg and is aggravated by prolonged sitting, standing and walking, bending, stooping, twisting, turning and lifting. Her left hip pain is described as constant and moderate. It is aggravated by prolonged sitting, standing, walking, bending, stooping, twisting, turning and lifting. She states she is unable to walk, sit or stand for more than 15-20 minutes without experiencing an increase in pain. The injured worker's symptoms result in difficulty engaging in activities of daily living and sleep disturbance. The injured worker is diagnosed with cervical spine sprain/strain, lumbar spine sprain/strain, left arm sprain/strain and left leg sprain/strain. Her work status is temporarily totally disabled. A note dated 4/27/15 states the injured worker's gait is extremely slow. An examination on the same date reveals no abnormalities to the neck, left shoulder, left elbow. There is a slight loss of range of motion with midline tenderness in the low back. Her gait is normal and is able to fully squat. There are no abnormalities of the left hip or left knee. A

primary care physician note dated 5/19/15 states there is moderate neck, low back, left hip and left knee pain. The note states that physical therapy is beneficial to the injured worker. It also states there is tenderness noted at the cervical and lumbar spine and left hip and left knee. Spasms are noted in the cervical and lumbar spine along with decreased range of motion. The following treatments, physical therapy to the left leg and left arm (8 visits) and acupuncture therapy to the left leg and left arm (5 visits) is being requested to help decrease the symptoms experienced by the injured worker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Left Leg & Left Arm, 8 visits: Upheld

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

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 sustain a work injury in August 2014 and continues to be treated for radiating neck and low back pain and left hip and knee pain. When seen, she was having moderate symptoms. Physical examination findings included cervical, lumbar, and left hip and knee tenderness with cervical and lumbar muscle spasms. There was decreased spinal range of motion. There was upper trapezius tenderness with positive Kemp's and Ely testing. Authorization for continued physical therapy and for eight acupuncture treatments was requested. The claimant is being treated for chronic pain with no new injury and has already had physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed / appropriate rather than during scheduled therapy visits. In this case, the number of visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.

Acupuncture Therapy, Left Leg & Left Arm, 8 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The claimant sustain a work injury in August 2014 and continues to be treated for radiating neck and low back pain and left hip and knee pain.. When seen, she was having moderate symptoms. Physical examination findings included cervical, lumbar, and left hip and knee tenderness with cervical and lumbar muscle spasms. There was decreased spinal

range of motion. There was upper trapezius tenderness with positive Kemp's and Ely testing. Authorization for continued physical therapy and for eight acupuncture treatments was requested. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented with a frequency of 1 to 3 times per week and optimum duration of 1 to 2 months. In this case, the number of initial treatments requested is in excess of guideline recommendations. The requested acupuncture treatments were not medically necessary.