MAXIMUS Federal Services

Case Number:	CM15-0167733		
Date Assigned:	10/20/2015	Date of Injury:	03/01/2015
Decision Date:	12/02/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/26/2015

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: 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:

The injured worker is a 59 year old female, who sustained an industrial injury on 3/1/15. A review of the medical records indicates that the worker is undergoing treatment for cervical, lumbar, bilateral elbow, bilateral forearm, bilateral knee and bilateral ankle sprain and strain, lumbar muscle spasm, bilateral forearm myospasm and myalgia and myositis. Subjective complaints (01-07-2015, 03-27-2015, 05-08-2015) included constant severe neck, low back, bilateral elbow, bilateral forearm, bilateral knee and bilateral ankle pain. Objective findings (01-07-2015, 03-27-2015, 05-08-2015) included decreased and painful range of motion of the cervical spine, lumbar spine, bilateral elbows, bilateral forearms, bilateral knees and bilateral ankles and tenderness and muscle spasms of the cervical and lumbar paraspinal muscles. Treatment has included Ibuprofen, acupuncture and chiropractic therapy. Documentation indicates that 11 chiropractic visits had been received to date and 23 acupuncture sessions had been received to date. There was no evidence of significant pain relief or objective functional improvement with previous acupuncture and chiropractic therapy sessions. A utilization review dated 07-31-2015 modified a request for acupuncture from 2x per week for 6 weeks for sprain elbow-forearm, sprain knee and leg and sprain ankle QTY: 12 to certification of QTY: 6, modified a request for chiropractic therapy from 2x per week for 4 weeks for sprain elbow-forearm, sprain knee and leg and ankle sprain QTY: 8 to certification of QTY: 6 and non-certified a request for physiotherapy 2x a week for 4 weeks for sprain elbow-forearm, sprain knee and leg, sprain ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 6 weeks for sprain elbow/forearm, sprain knee and leg, and sprain ankle (quantity 12): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

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. Time to produce functional improvement: 3 to 6 treatments. In this case, the claimant received numerous treatments in the past. The additional acupuncture sessions exceed the time frame to see functional benefit. Since the claimant did not obtain substantial benefit from prior sessions, the additional acupuncture sessions are not medically necessary.

Chiropractic therapy 2 times a week for 4 weeks for sprain elbow/forearm, sprain knee and leg, sprain ankle (quantity 8): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: According to the MTUS guidelines, Chiropractic therapy is considered manual therapy. It is recommended for chronic musculoskeletal pain. It is not recommended for shoulder, knee or leg intervention. The claimant had already received chiropractor sessions without documentation of functional improvement. The request for additional chiropractor sessions is not medically necessary.

Physiotherapy 2 times a week for 4 weeks for sprain elbow/forearm, sprain knee and leg, sprain ankle (quantity 8): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Care, Physical Methods, and Ankle and Foot Complaints 2004, Section(s): Initial Care, Physical Methods, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

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, Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. According to the ACOEM guidelines, Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. The claimant had already completed an unknown amount of physical therapy sessions in the past. Consequently, additional therapy sessions are not medically necessary.