

Case Number:	CM15-0094355		
Date Assigned:	05/20/2015	Date of Injury:	03/15/2013
Decision Date:	06/25/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/15/2015

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, 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 48 year old female, who sustained an industrial injury on 03/15/2013. She has reported injury to the neck, right shoulder, right hip, and low back. The diagnoses have included cervical spine sprain/strain; right shoulder internal derangement; right hip internal derangement; and lumbar spine sprain/strain. Treatment to date has included medications, diagnostics, injections, and physical therapy. Medications have included Advil, Anaprox, and Prilosec. A progress note from the treating physician, dated 04/14/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of continued pain in her right shoulder, aggravated by any type of overhead activity; neck pain which radiates down to the right shoulder and to her right upper extremity; neck pain is often aggravated by any type of bending, twisting, and turning; right hip pain, aggravated by weight-bearing; pain in the lower back radiating down to her right lower extremity; and pain limits activities of daily living about 50% of the time. Objective findings included ambulating with an antalgic gait favoring the right lower extremity; tenderness to palpation of the bilateral posterior cervical musculature with increased muscle rigidity; numerous trigger points that are palpable and tender throughout the cervical paraspinal muscles; decreased range of motion with obvious muscle guarding; decreased sensation along the right lateral arm and forearm in the C5-6 distribution on the right upper extremity; tenderness along the right shoulder joint line with decreased range of motion; tenderness to palpation of the bilateral posterior lumbar musculature with increased muscle rigidity; numerous trigger points that are palpable and tender throughout the lumbar paraspinal muscles; tenderness along the right greater trochanteric region; and decreased lumbar spine range

of motion. The treatment plan has included the request for physical therapy two times six (neck, right shoulder, low back); and acupuncture two times six (neck, right shoulder, low back).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times six (neck, right shoulder, low back): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Low Back Chapter, Shoulder Chapter, Physical Therapy.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, the patient has undergone at least 3 physical therapy sessions. However, there is no documentation of improvement in function from these prior sessions. There is no statement indicating why an independent program of home exercise would be insufficient to address any objective deficits. In the absence of such documentation, the current request for physical therapy is not medically necessary.

Acupuncture two times six (neck, right shoulder, low back);: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Acupuncture Medical Treatment Guidelines.

Decision rationale: Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, the current request for a visit exceeds the 6 visit trial recommended by guidelines. Since the independent medical review process cannot modify any requests, the currently requested acupuncture is not medically necessary.

