

Case Number:	CM13-0026404		
Date Assigned:	11/22/2013	Date of Injury:	04/17/2009
Decision Date:	01/30/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Ohio and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 60-year-old female who reported an injury on 04/17/2009 and the mechanism of injury was not provided. The patient was noted to have 12 physical therapy sessions that had been approved and 15 acupuncture sessions that had been approved. The patient had trapezius spasms and tenderness and decreased range of motion that was noted to be painful. The patient's diagnoses were noted to include bilateral carpal tunnel syndrome, cervical HNP and left lateral epicondylitis. The request was made for physical therapy 2 times a week for 6 weeks for the bilateral wrists, cervical, and left elbow and for acupuncture 2 times a week for 6 weeks for the bilateral wrists, cervical, and left elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks for bilateral wrists, cervical and left elbow:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy.

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

Decision rationale: CA MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9-10 visits for myalgia and myositis and 8-10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The clinical documentation submitted for review indicated the patient had 12 sessions of physical therapy; however, there was lack of documentation of the patient's functional improvement with the therapy. Additionally, the patient should be well versed in a home exercise program. Given the above, the request for physical therapy 2 times a week for 6 weeks for the bilateral wrists, cervical, and left elbow is not medically necessary.

Acupuncture 2 times a week for 6 weeks for the bilateral wrists, cervical and left elbow:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS Guidelines recommend acupuncture as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The time to produce functional improvement is 3 - 6 treatments and acupuncture treatments may be extended if functional improvement is documented including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The clinical documentation submitted for review indicated the patient had 15 sessions of acupuncture. However, there was lack of documentation of the patient's functional improvement including improvement in activities of daily living or reduction in work restrictions. Given the above, the request for acupuncture 2 times a week for 6 weeks for the bilateral wrists, cervical, and left elbow is not medically necessary.

Theramine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, medical food.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Theramine, Online Version.

Decision rationale: Official Disability Guidelines indicate the Theramine is a medical food and is not recommended. Theramine is not recommended for chronic pain or inflammatory pain. The clinical documentation submitted for review failed to provide the efficacy of the requested medication and the indications of for the use of the medical food. Additionally, it failed to provide the quantity being requested. It failed to provide the indications for the usage. Given the above, the request for Theramine is not medically necessary.