

Case Number:	CM13-0006388		
Date Assigned:	12/11/2013	Date of Injury:	08/31/2012
Decision Date:	01/17/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	08/02/2013

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. The expert reviewer is a licensed Chiropractor has a subspecialty in Acupuncture and is licensed to practice in 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 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/services.

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 claimant is a 46-year-old female who was injured in work related accident 08/31/2012 sustaining an injury to the neck, upper back, arms, legs, ankle joints, and knees. Recent clinical assessment for review from [REDACTED] of 11/20/2013 states that she had a recent trial of electro-acupuncture treatment that has been helpful to diminish her pain and allow her to improve her function. She has been sleeping better. Objectively, there is noted to be equal and symmetrical deep tendon reflexes to the upper and lower extremities, 5/5 with motor function to the upper and lower extremities, full range of motion of the knee and ankle joints and no documentation of motion deficits to the cervical or thoracic spine. There was noted to be tenderness bilaterally at the wrists and forearms. The claimant's current diagnoses are as follows: (1) repetitive strain injury; (2) myofascial pain syndrome; (3) bilateral wrist tendinosis; (4) bilateral lateral epicondylitis; (5) bilateral knee sprain; (6) bilateral ankle sprain; (7) history of cubital tunnel syndrome. Clinical imaging and testing for review included an MRI of the cervical spine with disc bulging at C5-6 and degenerative changes at C3-4 from a report of 12/08/2012. A 12/08/2012 MRI of the left knee showed small fluid in the joint but an otherwise normal examination. Imaging is otherwise no documentation. At present, there is request for 8 sessions of chiropractic therapy as well as 8 apparent additional sessions of electro-acupuncture for further treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment, Qty. 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: Based on California MTUS Guidelines, 8 sessions of chiropractic care would not be indicated. Guidelines indicate that the need to demonstrate functional benefit with chiropractic measures is 4 to 6 treatments. At recent clinical assessment, the claimant's physical examination did not demonstrate pertinent positive findings with the exception of tenderness to the wrists, an area for which chiropractic measures are not recommended. Given the specific request of 8 sessions of treatment that would exceed initial guideline criteria at this stage in the claimant's chronic course of care with minimal exam findings being positive, the specific request would not be indicated.

Electro-acupuncture (infrared and MFR), Qty. 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Guidelines state acupuncture with electrical stimulation is indicated to treat chronic pain conditions, radiating pain along a nerve pathway, muscle spasm, inflammation, scar tissue pain, and pain located in multiple sites. Guideline criteria goes on to state that 3-4 initial sessions is recommended and up to 2 month of care with objective functional improvement. When taking into account the acupuncture and electro-acupuncture sessions that have already been utilized in this case, guideline criteria would not recommend additional sessions. As such, the request is non-certified.