

Case Number:	CM13-0026840		
Date Assigned:	03/19/2014	Date of Injury:	07/10/2012
Decision Date:	04/14/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/19/2013

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 Licensed Certified in Acupuncture & Chiropractic and is licensed to practice in California. 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. 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 AME has opined that 12 sessions of chiropractic and massage therapy are reasonable and appropriate; however there must be evidence of objective functional improvement and re-evaluations to support the effectiveness of chiropractic care and massage therapy per MTUS. MTUS ODG Low Back and Shoulder Chapters for massage supports and recommends it as an option in conjunction with recommended exercise program however, the frequency and duration of treatment are the same as for manipulation. That is, per MTUS : "Trial of 6 visits over 2 weeks with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." The records provided by the primary treating chiropractor do not show objective functional improvements with prior chiropractic treatments rendered to the low back and shoulder regions. There are no objective findings listed in the PR2 reports. I find that massage therapy 1 hour (4 units) per month for a period of 1 year to not be medically necessary and appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture with cupping for the right ankle (12 sessions): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Expert Reviewer's decision rationale: According to evidenced based guidelines, further acupuncture visits after an initial trial are medically necessary based on documented functional improvement. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The claimant has had extensive acupuncture treatment provided in a short amount of time. However the provider failed to document functional improvement associated with her acupuncture visits. The last Pr-2 even states that she is unchanged. Therefore further acupuncture is not medically necessary.