

Case Number:	CM13-0029016		
Date Assigned:	11/27/2013	Date of Injury:	05/13/2013
Decision Date:	01/23/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	09/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Expert Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Expert Reviewer is Board Certified in Chiropractic Care 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the available medical records, this is a 67-year-old female patient with low back pain radiates down to both leg, bilateral hips pain and bilateral knees pain when walking and shoulder pain, date of injury 05/13/2013. Previous treatments include medications, back support, physical therapy, modify work duty and chiropractic. Supplement report dated 08/23/2013 by [REDACTED] revealed constant low back pain rated 7/10 that radiates into both legs, right shoulder pain with activity, right wrist pain described as mild and right knee soreness that is improved but still clicks; lumbar spine ROM (range of motion) decreased in all ranges plus pain, Kemp's test was positive bilaterally for lower back pain, SLR (straight leg raise) test was positive bilaterally at 55 degree for lower back pain, Milgram's test was painful and difficult to perform, tenderness was present when palpating over the spinous process from T1-L5 and the associated paraspinal musculature bilaterally; right knee flexion 90/140, pain on active flexion and extension, McMurrays test was positive for clicking, medial and lateral stability tests were negative, tenderness was present over the posterior aspect of the right knee; right shoulder ROM decreased and produced pain, Apprehension test was positive for pain, tenderness was present when palpating over the biceps tendon, supraspinatus tendon, acromioclavicular joint and trapezius muscle; right elbow ROM was within normal limits and pain free, Cozen's test was positive for pain, tenderness was present when palpating over the lateral epicondyle and posterior forearm musculature; right wrist ROM decreased with pain, tenderness was present when palpating over the anterior and posterior aspects of the wrist joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued chiropractic services for the right hip, right shoulder, right upper extremities and right lower extremities, twice per week for three weeks: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks is recommended. The available medical records show that this patient has had 12 chiropractic visit from 7/11/2013 to 8/23/2013. The records, however, failed to document any objective functional improvement from those treatments. The request for continued chiropractic services for the right hip, right shoulder, right upper extremities and right lower extremities, twice per week for three weeks, is not medically necessary or appropriate.

Acupuncture for the right hip, right shoulder, and right upper and lower extremities, twice per week for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the Acupuncture Medical Treatment Guidelines, acupuncture is used as an option when pain medication is reduce or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The available medical records do not show any evidence of pain medication not tolerated, no adjunct physical rehabilitation and/or surgical intervention. The request for acupuncture twice a week for six weeks also exceeded the guideline recommendation for functional improvement of three to six treatments. The request for acupuncture for the right hip, right shoulder, and right upper and lower extremities, twice per week for six weeks, is not medically necessary.