

Case Number:	CM13-0057676		
Date Assigned:	12/30/2013	Date of Injury:	02/11/2009
Decision Date:	04/04/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/25/2013

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 Chiropractic, 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. 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 57-year-old female who reported an injury on 02/11/2009. The mechanism of injury was noted to be a slip and fall. The patient had acupuncture treatment in 2010. Additionally, the patient was treated with psychotherapy and medications. The most recent documentation dated 10/11/2013, revealed the patient had subjective complaints of constant, moderate dull pain in the lumbar spine and bilateral knees. The patient had a Milgram's test that was positive, and Nachlas test that was positive in the bilateral knees. And, in the bilateral knees, the patient had tenderness to palpation on the McMurray test, and tenderness to palpation in the medial joint line. The diagnosis was noted to be lumbar myospasm and lumbar sprain/strain. The request was made, and the treatment plan included chiropractic 2 to 3 times per week for 6 weeks, and acupuncture 1 to 2 per week times 6 weeks, as well as aqua therapy and EMG/NCV of the bilateral lower extremities

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment (2-3) visits per week, modified to (6) visits over 2 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation..

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

Decision rationale: The MTUS Guidelines indicate that manual therapy and manipulation are recommended for chronic pain if caused by musculoskeletal conditions. The time to produce effect is 4 to 6 treatments. The request as submitted failed to indicate the body part the chiropractic treatment was being requested for, as treatment is not recommended for the ankle and foot, carpal tunnel syndrome, the forearm, wrist, and hand or the knee. Given the above, and the lack of documentation, the request for chiropractic treatment 2 to 3 visits per week, modified to 6 visits over 2 weeks, is not medically necessary.

Acupuncture (1-2) visits per week, modified to 3 visits over 3 weeks (1 x 3): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Guidelines indicate that acupuncture is used as an option when pain medication is reduced or not tolerated, and it is recommended as an adjunct to physical rehabilitation. The time to produce functional improvement is 3 to 6 treatments, and acupuncture treatments may be extended if objective functional improvement is documented, which includes either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The clinical documentation submitted for review indicated the employee had prior acupuncture treatment. However, there was a lack of documentation indicating the quantity of sessions the employee had participated in. There was a lack of documentation of objective functional improvement that was received from the acupuncture treatment. There was a lack of documentation indicating the employee would be utilizing the acupuncture as an adjunct to physical rehabilitation. Additionally, the request as submitted failed to indicate the body part the acupuncture treatment was for. Given the above, the request for acupuncture 1 to 2 visits per week, modified to 3 visits over 3 weeks, is not medically necessary.