

Case Number:	CM14-0000162		
Date Assigned:	01/10/2014	Date of Injury:	04/23/2013
Decision Date:	06/02/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/31/2013

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 Board Certified in Physical Medicine & Rehabilitation 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 underlying date of injury in this case is 04/23/2013. The patient's reference diagnosis is chronic cervical pain. The reported mechanism of injury is cumulative trauma related to keyboarding data entry as well as repetitive lifting. Additional diagnoses including chronic cervical spasm, chronic cervical radiculopathy, chronic right rotator cuff syndrome, chronic right shoulder impingement, chronic right lateral epicondylitis, chronic medial epicondylitis, right hand synovitis, lumbar intersegmental dysfunction, and bilateral sacroiliac dysfunction. On 11/21/2013, the primary treating chiropractor issued a PR-2 report and noted the patient presented with ongoing pain in the neck with associated burning and pins and needles sensations. The patient also reported pain in the left elbow with burning and pins and needles and similar pain in the left shoulder. On exam the patient had tenderness in the left cervical spine extensors. Treatment recommendations included chiropractic once per week along with acupuncture and also physical therapy three times a week for 8 weeks. An initial physician review noted that with regard to chiropractic, a trial of chiropractic was indicated for the cervical and lumbar spine, but eight sessions were not supported, and therefore the request was modified at that time for six sessions. Regarding the request for physical therapy, a prior physician review noted the patient had been approved for shoulder surgery and that the provider was requesting a short course of therapy for the shoulder in order to temporize his situation; therefore, the request was modified for six sessions. Regarding the request for acupuncture, the prior physician review noted that past acupuncture was noted to have provided only temporary relief and did not demonstrate significant functional benefit, and therefore this request was noncertified.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOR CHIROPRACTIC TREATMENT WITH MANIPULATION, MYOFASCIAL RELEASE, ELECTRICAL STIMULATION, AND INFRARED TREATMENT, 8 SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 56.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on manual therapy and manipulation, page 56, recommends an initial trial of six visits for chronic pain caused by musculoskeletal conditions. The treatment guidelines do not provide a rationale for eight initial sessions, and the records do not provide an alternate rationale for this request. Therefore, the request for Chiropractic treatment with manipulation, myofascial release, electrical stimulation and infrared treatment, 8 sessions is not medically necessary and appropriate.

PHYSICAL THERAPY, 24 VISITS: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on, section on physical medicine, page 99, recommends up to 10 visits for most initial physical therapy trials, with transition to independent home rehabilitation if possible. The current request for 24 visits substantially exceeds the initial treatment recommends of most diagnoses per the treatment guidelines. The medical records do not provide an alternate rationale for such a request. Therefore, the request for physical therapy, 24 visits is not medically necessary and appropriate.

ACUPUNCTURE, 8 SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Medical Treatment Utilization Schedule Acupuncture Medical Treatment Guidelines, section 24.1, recommends additional acupuncture if specific functional improvement is document as per the California Treatment Definition section 92.20. The medical

records in this case discuss short-term, essentially subjective, benefit from acupuncture but do not clearly discuss functional benefit as per the definition to support continued acupuncture treatment. Therefore, the request for Acupuncture, 8 sessions is not medically necessary and appropriate.