

Case Number:	CM14-0015849		
Date Assigned:	03/03/2014	Date of Injury:	03/01/2010
Decision Date:	06/30/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/07/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 67 year-old female with a 3/1/2010 date of injury. The 12/16/13 physiatry report from [REDACTED], lists the diagnoses as lumbar and cervical strain and bilateral flexor forearm tendinitis; and states the mechanism of onset was cumulative trauma. [REDACTED] notes the patient presents with 0-4/10 back pain and dull ache in the trapezius, shoulders and rhomboid area with radiation to the bilateral forearms. She has burning in the hands with numbness, tingling and weakness. [REDACTED] states the acupuncture helped the upper extremities and chiropractic care partially helped the low back pain. On 1/20/14 UR recommended denial for chiropractic and acupuncture to the bilateral elbows and wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 2 X 3 FOR THE BILATERAL ELBOWS AND WRISTS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CHIROPRACTICS MANUAL THERAPY & MANIPULATION , PAGES 58-59

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: On 12/26/13, the patient was reported to have 0-4/10 back pain and dull ache in the trapezius, shoulders and rhomboid area with radiation to the bilateral forearms. She has burning in the hands with numbness, tingling and weakness. [REDACTED] states the acupuncture helped the upper extremities and chiropractic care partially helped the low back pain. I have been asked to review for acupuncture 2x3 for the bilateral elbows and wrists. On review of the records provided, the patient had 1 acupuncture session prior to the 12/26/13 report by [REDACTED]. This was on 12/23/13, from an acupuncturist at [REDACTED]. California Medical Treatment Utilization Schedule (MTUS)/Acupuncture treatment guidelines state that if acupuncture is to be effective, there will be some functional improvement within 3-6 sessions. The guidelines state that if there is documentation of functional improvement, the visits can be extended. The patient has had only 1 session of acupuncture prior to [REDACTED] request. This was not a fair trial, although there were already subjective reports of improvement. The request for acupuncture two times three for the elbows and wrists appears to be in accordance with the MTUS/Acupuncture guidelines. The request for acupuncture two times three for the elbows and wrists is medically necessary and appropriate.

CHIRO 2 X 3 FOR THE BILATERAL ELBOWS AND WRISTS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CHIROPRACTICS MANUAL THERAPY & MANIPULATION, PAGES 58-59

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & Manipulation Page(s): 58.

Decision rationale: On 12/26/13, the patient was reported to have 0-4/10 back pain and dull ache in the trapezius, shoulders and rhomboid area with radiation to the bilateral forearms. She has burning in the hands with numbness, tingling and weakness. [REDACTED] states the acupuncture helped the upper extremities and chiropractic care partially helped the low back pain. However, I have not been asked to review chiropractic care for the low back. I have been asked to review for chiropractic care two times three for the elbows and wrists. California Medical Treatment Utilization Schedule (MTUS) guidelines specifically states the chiropractic care is not recommended for the forearms, wrists and hands. While MTUS does recommend a trial of 6 chiropractic sessions for the lower back, the request before me, is for the elbows and wrists. The request as presented before me is not in accordance with MTUS guidelines chiropractic care two times three for the elbows and wrist is not medically necessary and appropriate