

Case Number:	CM14-0151562		
Date Assigned:	09/19/2014	Date of Injury:	08/13/2012
Decision Date:	10/24/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/17/2014

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, 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 injured worker is a 44-year-old female who reported injury on 08/13/2012. The mechanism of injury was not submitted for review. The injured worker has diagnoses of cervical sprain/strain, right shoulder strain/sprain, and right elbow/wrist sprain/strain. Past medical treatment consists of chiropractic therapy, acupuncture, physical therapy, and medication therapy. The injured worker has undergone diagnostic studies and MRIs. On 08/22/2014, the injured worker complained of neck pain, shoulder pain and elbow pain. It was noted on physical examination that the injured worker rated the pain at a 1/10 to 4/10. It was noted on physical examination also that myospasm/palpable pain was at the cervicothoracic spine. Right shoulder had palpable pain. Right elbow/wrist also had palpable pain. The medical treatment plan is for the injured worker to continue with acupuncture and chiropractic therapy and undergo a right shoulder MRI. The rationale and request for authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2visits a Week for 4 Weeks, for the Cervical Spione, Right Shoulder, Right Elbow, and Right Wrist.Quantity: 8visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for additional acupuncture is not medically necessary. According to guidelines, acupuncture is used as an option when pain medicine is reduced or not tolerated. It must be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Frequency and duration of acupuncture with electrical stimulation may be performed as followed: (1) Time to produce functional improvement: 3 to 6 treatments; (2) Frequency: 1 to 3 times per week; (3) Optimum duration: 1 to 2 months. It was indicated in the progress note dated 08/22/2014 that the injured worker was receiving acupuncture therapy, but the efficacy of treatment was not submitted for review. The documentation does not indicate whether the acupuncture was helping with any functional deficits. Additionally, it did not indicate how many sessions of acupuncture the injured worker had already completed. Guidelines indicate that a frequency of 1 to 3 treatments per week with an optimum of 1 to 2 months is long enough to see functional results. The request as submitted is asking for an additional 8 acupuncture visits. Given the above, the injured worker is not within recommended guidelines. As such, the request is not medically necessary.

Continued Chiropractic Sessions 1 Visit per a Week for 4 Weeks, for Cervical Spine, Right Shoulder, Right Elbow, and Right Wrist Quantity: 4: 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 Physical Medicine Chiropractic Page(s): 58.

Decision rationale: The request for continued chiropractic sessions is not medically necessary. The California MTUS Guidelines state that chiropractic care for chronic pain if caused by musculoskeletal conditions is recommended. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitates progression in a patient's therapeutic exercise program and return to productive activities. The guidelines recommend a trial of 6 visits over 2 weeks and with the evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks. The progress note dated 08/22/2014 indicated that the injured worker had been receiving chiropractic therapy. However, the efficacy of such therapy was not submitted for review. There was no indication that the chiropractic therapy was helping with any functional deficits. There was no assessment submitted for review indicating positive symptomatic or objective measurable gains. Additionally, there was no indication as to how many completed sessions the injured worker has already undergone. Given the above, the injured worker is not within MTUS recommended guidelines. As such, the recommendation is not medically necessary.

Right Shoulder, MRI-Plain.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 202. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES- TREATMENT FOR WORKERS' COMPENSATION- SHOULDER PROCEDURE SUMMARY-MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 207-209.

Decision rationale: The request for right shoulder MRI is not medically necessary. According to ACOEM/California MTUS Guidelines, emergence of red flags are indications for imaging studies, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. According to the above guidelines, the injured worker does not meet the California MTUS/ACOEM criteria. There was no submitted documentation in the reports indicating emergence of red flag, nor was there physiologic evidence of tissue insult or neurovascular dysfunction. The documentation also did not indicate that the injured worker needed clarification of the anatomy prior to an invasive procedure. As such, the request is not medically necessary.