

Case Number:	CM14-0169859		
Date Assigned:	10/20/2014	Date of Injury:	08/13/2012
Decision Date:	11/20/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/14/2014

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 & Rehabilitation, 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:

Medical records reflect the claimant is a 44 year old female who sustained a work injury on 8-13-12. Office visit on 8-22-14 notes the claimant has neck pain rated at a 1-4/10, right shoulder pain rated at a 3-8/10, intermittent right elbow pain rated at a 0-2/10, occasional right wrist pain rated at a 1-3/10, and right upper extremity numbness and tingling. The claimant continues to work as a cashier. Using the bilateral upper extremities has increased the claimant's pain in the right shoulder. On exam, there is myospasms and pain to palpation of the cervical spine, thoracic spine, right shoulder, right elbow, and right wrist. The provider recommends a right shoulder MRI, acupuncture treatment 2 times per week for 4 weeks, continued chiropractic treatment 1 time per week for 4 weeks. The claimant has been instructed not to lift 25 pounds and no repetitive work at or above shoulder level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Acupuncture 2 x 4 for the cervical spine, right shoulder, elbow and wrist, DOS: 8/14/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture Medical Treatment Guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, with frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician is paramount. In addition, Acupuncture Medical Treatment Guidelines state that acupuncture may be used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Furthermore, guidelines state that time to produce functional improvement of 3 - 6 treatments. This claimant has had acupuncture in the past. There is an absence in documentation noting extenuating circumstances to support ongoing acupuncture at this time. Therefore, the request is not medically necessary.

Retro: Chiropractic treatment 1 x 4 for the cervical spine, right shoulder, elbow and wrist, DOS: 8/14/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-60.

Decision rationale: Chronic Pain Medical Treatment Guidelines reflect that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Time to produce effect: 4 to 6 treatments. This claimant has had chiropractic therapy in the past. Based on the records provided, this claimant should already be exceeding well-versed in an exercise program. It is not established that a return to supervised physical therapy is medically necessary and likely to significantly improve or impact the patient's overall pain level and functional status beyond that of her actively utilizing an independent home exercise program. Therefore, the request is not medically necessary.