MAXIMUS Federal Services

Case Number:	CM14-0024559		
Date Assigned:	08/27/2014	Date of Injury:	04/18/2010
Decision Date:	09/25/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/26/2014

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 Illinois. 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 54-year-old female who reported an injury on 04/18/2010. The mechanism of injury was not provided. On 09/05/2013, the injured worker presented with complaints related to the left shoulder, right shoulder, bilateral posterior neck, bilateral wrists, and mid and upper back. Upon examination, there was increased tone in the cervical region bilaterally upon palpation and decreased range of motion. There were dural tension signs or brachial plexus tension signs with flexion and abduction of the left shoulder. The diagnoses were cervical brachial syndrome, postop left wrist, shoulder tenosynovitis bilaterally, carpal tunnel syndrome bilaterally to the wrists, probable posttraumatic anxiety, thoracalgia, and complex regional pain syndrome. Therapy included medications, chiropractic treatment, surgery, and electromuscular stimulation. The provider recommended acupuncture and EMS; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupunture with needles, once weekly for six weeks.: 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 acupuncture with needles once weekly for 6 weeks is not medically necessary. The California MTUS states acupuncture is used as an option when pain medication is reduced or not tolerated and must be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The frequency and duration of acupuncture may be performed within 3 to 6 treatments 1 to 3 times a week with an optimum duration of 1 to 2 months. The efficacy of the prior use of acupuncture therapy has not been provided. Additionally, the amount of acupuncture visits that have already been completed was not stated. The provider's request does not indicate the site at which acupuncture treatment was indicated for in the request as submitted. As such, medical necessity has not been established.

CMT (chiropractic manipulative therapy) three to four areas once weekly for six weeks.: 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 Physical Medicine Page(s): 58.

Decision rationale: The request for CMT (chiropractic manipulative therapy) 3 to 4 areas once weekly for 6 weeks 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 facilitate progression in the injured worker's therapeutic exercise program and return to productive activities. The guidelines recommend a trial of 6 visits over 2 weeks, and with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks. There was a lack of documentation indicating the injured worker had significant objective functional improvement with the prior therapy. Additionally, the chiropractic therapy visits the injured worker already underwent were not provided. The provider's request did not indicate the site at which the chiropractic treatment was indicated for in the request as submitted. As such, medical necessity has not been established.

Cupping with acupunture, once weekly for six weeks.: 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 Cupping with acupunture, once weekly for six weeks is not medically necessary. The California MTUS states acupuncture is used as an option when pain medication is reduced or not tolerated and must be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The frequency and duration of acupuncture may be performed within 3 to 6 treatments 1 to 3 times a week with an optimum

duration of 1 to 2 months. The efficacy of the prior use of acupuncture therapy has not been provided. Additionally, the amount of acupuncture visits that have already been completed was not stated. The provider's request does not indicate the site at which acupuncture treatment was indicated for in the request as submitted. As such, medical necessity has not been established.

Electroaccupunture with infared lamps once weekly for six weeks.: 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 Electroaccupunture with infared lamps once weekly for six weeks is not medically necessary. The California MTUS states acupuncture is used as an option when pain medication is reduced or not tolerated and must be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The frequency and duration of acupuncture may be performed within 3 to 6 treatments 1 to 3 times a week with an optimum duration of 1 to 2 months. The efficacy of the prior use of acupuncture therapy has not been provided. Additionally, the amount of acupuncture visits that have already been completed was not stated. The provider's request does not indicate the site at which acupuncture treatment was indicated for in the request as submitted. As such, medical necessity has not been established.

EMS (electrical muscular stimulation) once weekly for six weeks.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation(NMES) devices).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-119.

Decision rationale: The request for EMS (electrical muscular stimulation) once weekly for 6 weeks is not medically necessary. The California MTUS Guidelines do not recommend an EMS unit as an isolated intervention. There is no quality evidence of effectiveness, except in conjunction with recommended treatments including return to work, exercise, and medications. It may be recommended if pain is ineffectively controlled by medications, medication intolerance, or history of substance abuse. There is a lack of evidence in the documentation provided that would reflect diminished effectiveness of medications, a history of substance abuse, or any postoperative conditions which would limit the injured worker's ability to perform exercise programs or physical therapy treatment. There is a lack of documentation of the injured worker's initial unresponsiveness to conservative measures. The requesting physician did not include an adequate and complete assessment of the injured worker's objective functional condition, which would demonstrate deficits needing to be addressed as well as to establish a baseline by which to assess objective functional improvement over the course of therapy. Additionally, the site at which the EMS was indicated for was not provided in the request as submitted. As such, medical necessity has not been established.