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| Case Number: | CM14-0026367 | | |
| Date Assigned: | 06/13/2014 | Date of Injury: | 07/02/2007 |
| Decision Date: | 07/16/2014 | UR Denial Date: | 01/29/2014 |
| Priority: | Standard | Application Received: | 03/03/2014 |

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:

This 61 year-old patient sustained an injury on 7/2/07 while employed by the [REDACTED]. The request under consideration include chiropractic treatment two times a week for six weeks and acupuncture treatment one time a week for six weeks. The report dated 11/25/13 from the provider noted the patient with constant left shoulder pain rated at 7/10; left knee pain rated at 10/10; thoracic spine pain rated at 8/10; and constant cervical spine pain rated at 7/10. The exam showed tenderness in the left shoulder and lumbar spine from L3-S1. The diagnoses include left shoulder supraspinatus tear; left knee meniscus tear; and lumbar and cervical spine intervertebral disc syndromes. The treatment included physical therapy, acupuncture, ESWT for cervical and lumbar spine; toxicology testing, DNA testing, neurosurgical consult for left shoulder and left knee brace, and medications. A hand-written report dated 1/13/14 from the provider noted patient with hyperlipidemia; L/S 7/10 on/off; left shoulder 8/10 dull throbbing; worse standing and walking. The exam showed toe/heel walk; left shoulder decreased range, 5/5; c/s functional range of motion 5/5 motor strength. The Diagnoses unchanged with requests for chiro and acupuncture treatments; toxicology testing; prolotherapy; topical creams; ortho consult; DNA testing. The request for chiropractic treatment two times a week for six weeks and acupuncture treatment one time a week for six weeks were not medically necessary on 1/29/14. Therefore, the request is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT TWO TIMES A WEEK FOR SIX WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Care, Manual Therapy & Manipulation Page(s): 58-60.

Decision rationale: This is a 61 year-old patient sustained an injury on 7/2/07 while employed by the [REDACTED]. The requests under consideration include chiropractic treatment two times a week for six weeks and acupuncture treatment one time a week for six weeks. The report dated 11/25/13 from the provider noted the patient with constant left shoulder pain rated at 7/10, left knee pain rated at 10/10, thoracic spine pain rated at 8/10, and constant cervical spine pain rated at 7/10. The exam showed tenderness in the left shoulder and lumbar spine from L3-S1. The diagnoses include left shoulder supraspinatus tear, left knee meniscus tear, and lumbar and cervical spine intervertebral disc syndromes. The treatment included physical therapy, acupuncture, ESWT for cervical and lumbar spine; toxicology testing, DNA testing, neurosurgical consult for left shoulder and left knee brace, and medications. The hand-written report of 1/13/14 from the provider noted patient with hyperlipidemia, L/S 7/10 on/off, left shoulder 8/10 dull throbbing and worse standing and walking. The exam showed toe/heel walk, left shoulder decreased range, 5/5 and c/s functional range of motion 5/5 motor strength. The diagnoses unchanged with requests for chiro and acupuncture treatments, toxicology testing, prolotherapy, topical creams, ortho consult, and DNA testing. The California MTUS Guidelines supports chiropractic manipulation for musculoskeletal injury. The intended goal is the achievement of positive musculoskeletal conditions via positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. From the records that were reviewed, it is unclear how many sessions have been completed. According to the medical documentation, the patient has received a significant quantity of chiropractic manipulation sessions for the chronic symptom complaints without demonstrated functional improvement from treatment that was already rendered. There is no report of acute flare-ups, red-flag conditions or new clinical findings to support continued treatment consistent with guidelines criteria. The chiropractic treatment two times a week for six weeks is not medically necessary and appropriate.

ACUPUNCTURE TREATMENT ONE TIME A WEEK 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: This is a 61 year-old patient sustained an injury on 7/2/07 while employed by the [REDACTED]. The requests under consideration include chiropractic treatment two times a week for six weeks and acupuncture treatment one time a week for six weeks. The report dated 11/25/13 from the provider noted the patient with constant left shoulder pain rated at 7/10, left knee pain rated at 10/10, thoracic spine pain rated at 8/10, and constant cervical spine pain rated at 7/10. The exam showed tenderness in the left shoulder and lumbar spine from L3-

S1. The diagnoses include left shoulder supraspinatus tear, left knee meniscus tear, and lumbar and cervical spine intervertebral disc syndromes. The treatment included physical therapy, acupuncture, ESWT for cervical and lumbar spine, toxicology testing, DNA testing, neurosurgical consult for left shoulder and left knee brace, and medications. The hand-written report dated 1/13/14 from the provider noted patient with hyperlipidemia, L/S 7/10 on/off, left shoulder 8/10 dull throbbing and is worse standing and walking. The exam showed, toe/heel walk, left shoulder decreased range 5/5, and c/s functional range of motion 5/5 motor strength. The diagnoses unchanged with requests for chiro and acupuncture treatments, toxicology testing, prolotherapy, topical creams, ortho consult and DNA testing. The current clinical exam show no physical impairments or clear dermatomal/myotomal neurological deficits to support for treatment with acupuncture. The patient has completed therapy without functional improvement. There are no clear specific documented goals or objective measures to identify for improvement with a functional restoration approach for this 2007 injury with ongoing chronic pain complaints. The California MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatments with further consideration upon evidence of objective functional improvement. It is unclear how many acupuncture sessions the patient has received for neither this 2007 injury nor what functional benefit if any were derived from treatment. The Submitted reports have not demonstrated functional improvement or medical indication to support the acupuncture sessions. There are no specific objective changes in clinical findings, no report of acute flare-up or new injuries, nor is there any decrease in medication usage from conservative treatments already rendered. The acupuncture treatment one time a week for six weeks is not medically necessary and appropriate.