

Case Number:	CM14-0032831		
Date Assigned:	06/20/2014	Date of Injury:	09/12/2012
Decision Date:	08/11/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/14/2014

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 and Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review indicate that this 41-year-old male was reportedly injured on September 12, 2012. The mechanism of injury is noted as falling in a ditch and hitting a pipe. The most recent progress note, dated October 30, 2013, indicates that there are ongoing complaints of neck pain, upper back pain, right shoulder pain, right arm pain, and right elbow pain. The physical examination demonstrated spasms of the cervical spine and a positive Spurling's test to the right side. There was decreased cervical spine range of motion. There was a symmetrical sensation to light touch in the upper extremities. The examination of the lumbar spine reveals tenderness to the lumbar paraspinal muscles and decreased lumbar spine range of motion. A request had been made for physiotherapy/chiropractic therapy, acupuncture three times a week for four weeks, and extracorporeal shock wave therapy as needed and was not certified in the pre-authorization process on February 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy/chiropractic once per month: 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 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 58-59 of 127.

Decision rationale: According to the attached medical record the injured employee has had numerous previous chiropractic treatments, however there is no documentation regarding the efficacy of this prior care. Therefore this request for additional chiropractic treatment every month is not justified. This request for physiotherapy/chiropractic care once per month is not medically necessary.

Acupuncture 3 times a week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 13 of 127.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines acupuncture can be used as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation and or surgical intervention to hasten functional recovery. Initial treatment to produce functional improvement should occur in the first 3 to 6 treatments. According to the attached medical record there is no documentation that the injured employee's existing pain medication has been reduced or is not tolerated. Furthermore this request is for 12 visits of acupuncture and the injured employee should be reevaluated after the initial 3 to 6 visits and then determine if additional visits are necessary. For these multiple reasons this request for acupuncture three times a week for four weeks is not medically necessary.

Extracorporeal shockwave therapy as appropriate: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Shoulder Chapter, Criteria for the use of Extracorporeal shockwave therapy (ESWT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic), extracorporeal shock wave therapy, (updated 1/20/2014).

Decision rationale: This request for extracorporeal shock wave therapy does not state what body part is intended to be treated. As the injured employee has multiple physical complaints, the intention of this treatment is not obvious. Additional information and justification should be supplied in addition to making this request. Therefore this request for extracorporeal shock wave therapy is not medically necessary.