

Case Number:	CM14-0037559		
Date Assigned:	06/25/2014	Date of Injury:	10/26/2006
Decision Date:	07/28/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	03/28/2014

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 Internal Medicine and Emergency Medicine and is licensed to practice in Florida. 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 patient is a 52-year-old with a date of injury of 10/26/06. A handwritten progress report associated with the request for services, dated 03/12/14, was difficult to read but identified subjective complaints of right wrist, shoulder, and low back pain. Objective findings included tenderness to palpation of the right wrist and shoulder and a positive Phalen's sign of the right wrist. Diagnoses included cervical disc disease; lumbar disc disease; possible carpal tunnel syndrome of the wrist; and what appeared to be right shoulder impingement. Treatment has included ongoing physical therapy. A Utilization Review determination was rendered on 03/20/14 recommending non-certification of "6 visits of acupuncture treatment (2x3); Infra-lamp; and Medical supply/ kinesio-tape".

IMR ISSUES, DECISIONS AND RATIONALES

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

6 visits of acupuncture treatment (2x3): Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) states that acupuncture is 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. It further states that acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range-of-motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The frequency and duration of acupuncture is listed as: Time to produce functional improvement: 3 to 6 treatments; Frequency: 1 to 3 times per week; Optimum duration: 1 to 2 months. The original request for 6 acupuncture treatments was certified. The request is within the Guidelines for acupuncture therapy. Therefore, there is documented medical necessity for acupuncture as requested.

Infra- lamp: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Infrared Therapy (IR).

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) states that at-home application of local heat is optional. The Official Disability Guidelines (ODG) states that heat therapy is recommended as an option, particularly low-level heat wrap therapy. Infrared (IR) therapy is not recommended over other heat therapies. It may be used in acute low back pain, but only as an adjunct to a program of evidenced-based conservative care (exercise). However, it does further note that IR therapy in patients with chronic low back pain experienced a 50% reduction over 7 weeks. In this case, there is no documentation of any trial of heat therapy. Since IR therapy is not recommended over other heat therapies, there is no medical necessity for this modality without documentation of effectiveness of heat therapy in this patient.

Medical supply/ kinesio-tape: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Kinesio Tape (KT).

Decision rationale: The Medical treatment Utilization Schedule (MTUS) states that prolonged use of a sling for shoulder disorders is not recommended. The Official Disability Guidelines (ODG) state that kinesio tape is not recommended as it is not supported by the evidence. Therefore, the record does not document the medical necessity for kinesio tape.