

Case Number:	CM14-0053111		
Date Assigned:	07/07/2014	Date of Injury:	09/01/2000
Decision Date:	08/07/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/21/2014

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 licensed in Chiropractic and Acupuncture, 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:

The injured worker is a 59 year old female who reported low back, neck and upper extremity pain from injury sustained on 09/01/00 due to repetitive stress. Patient is diagnosed with bilateral carpal tunnel syndrome post release; repetitive strain injury; myofascial pain syndrome and left rotator cuff injury. MRI of the cervical spine revealed disc bulge and protrusion at C4-5 and C5-6 with some osteophyte formation and ligamentous hypertrophy resulting in central canal stenosis with foraminal compromise. EMG/NCV revealed mild left carpal tunnel syndrome and L5-S1 radiculitis. Patient has been treated with carpal tunnel release surgery; physical therapy; medication; cortisone injection trigger point injection and chiropractic. Per medical notes dated 03/14/14, patient has increased pain and discomfort of left shoulder due to flare-up. Current medication is insufficient to control pain. Electro-acupuncture was of great help in the past. Patient has been recommended to use Duexi instead of Motrin for pain and inflammation and additionally to use Tramadol for more severe pain. Patient continues to have pain and flare-ups. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electro-acupuncture times eight (8), two (2) times a week for four (4) weeks to the left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines page 8-9. Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented. Patient has had prior acupuncture treatment. There is lack of evidence that prior acupuncture care was of any functional benefit. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, 2x4 electro-acupuncture treatments are not medically necessary.

Infrared therapy times eight (8): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low-Level Laser Therapy (LLLT) Page(s): 57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines <Low-level laser therapy> Page(s): 57.

Decision rationale: Per Chronic Pain Medical treatment guidelines page 57: Low-level laser therapy (LLLT) is not recommended. Given the equivocal or negative outcomes from a significant number of randomized clinical trials, it must be concluded that the body of evidence does not allow conclusions other than that the treatment of most pain syndromes with low level laser therapy provides at best the equivalent of a placebo effect. Per review of evidence and guidelines, 2x4 infrared therapy treatments are not medically necessary.

Myofascial release times eight (8): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures Page(s): 48.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, Chronic Pain Treatment Guidelines <>manual therapy> Page(s): 58-59.

Decision rationale: Per MTUS- The purpose of manual techniques (passive and/or active) intended to affect the soft tissues. The intended goal or effect of manual therapy 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. The purpose of myofascial release generally is defined to reduce tightened or shortened soft tissue. The medical records failed to document the muscle tone and tension. Per Occupational medicine practice guidelines chapter 9 page 203: physical modalities such as massage is not supported by high-quality medical studies, but they may be useful in initial conservative treatment of acute shoulder symptoms. There is lack of guidelines supporting myofascial release treatment. Per guidelines and review of evidence, 8 myofascial release treatments are not medically necessary.