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| Case Number: | CM14-0059516 | | |
| Date Assigned: | 07/09/2014 | Date of Injury: | 10/02/2012 |
| Decision Date: | 08/15/2014 | UR Denial Date: | 04/14/2014 |
| Priority: | Standard | Application Received: | 04/30/2014 |

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic wrist pain, shoulder pain, and low back pain reportedly associated with an industrial injury of October 2, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy, chiropractic manipulative therapy; unspecified amounts of extracorporeal shockwave therapy over the course of the claim; and acupuncture over the course of the claim. In a Utilization Review Report dated April 4, 2014, the claims administrator denied a request for six sessions of chiropractic manipulative therapy and denied a request for six sessions of acupuncture. In its utilization report, the claims administrator stated that the applicant had previously received 20 sessions of physical therapy and 14 sessions of acupuncture over the course of the claim. The claims administrator stated that the applicant had not improved with earlier chiropractic therapy and acupuncture. The applicant's attorney subsequently appealed. Electrodiagnostic testing of January 2, 2014 was notable for bilateral carpal tunnel syndrome and a right ulnar neuropathy. In a psychological consultation dated October 31, 2013, the applicant was described as having a variety of mental health issues, including sleep disturbance, hopelessness, poor concentration, confusion, loss of self-worth, and social isolation, it was further noted. Several progress notes furnished throughout 2013 and 2014 were reviewed, many of these were handwritten, difficult to follow, and employed preprinted checkboxes. In a handwritten progress note dated December 21, 2013, the applicant did receive infrared therapy, myofascial release therapy, electrical stimulation, electrical acupuncture, and manipulative therapy. The applicant's work status was not clearly stated, although the applicant did not appear to be working. In another handwritten January 5, 2014 progress note, the applicant received electroacupuncture, acupuncture, cupping, electrical stimulation, and infrared therapy.

The applicant's work status was again not clearly stated. The applicant's response to treatment was not outlined.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment; one (1) times a week for six (6) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Topic Page(s): 58-60.

Decision rationale: Based on the admittedly limited information on file, the applicant has had prior chiropractic manipulative therapy in unspecified amounts over the course of the claim. As noted on page 58, 59, and 60 of the MTUS Chronic Pain Medical Treatment Guidelines, anywhere from 18 to 20 sessions of chiropractic manipulative therapy can be supported in applicants who demonstrate objective evidence of functional improvement with treatment by achieving and/or maintaining successful returning to work status. In this case, however, the applicant does not appear to return to work despite having received unspecified amounts of chiropractic manipulative therapy over the course of the claim. Therefore, the request for additional chiropractic manipulative therapy is not medically necessary.

Acupuncture treatment; one (1) time a week for six (6) 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 likewise represents a renewal request for acupuncture. As noted in the MTUS Acupuncture Treatment Guidelines, treatments may be extended if there is evidence of functional improvement as defined in section 9792.20f. In this case, however, there has been no clear demonstration of functional improvement as defined in section 9792.20f despite completion of earlier acupuncture in specified amounts. The applicant is seemingly off of work. The applicant remains highly reliant and highly dependent on various forms of treatment, including numerous physical modalities, such as extracorporeal shockwave therapy, manipulative therapy, physical therapy, and acupuncture. All of the above, taken together, imply a lack of functional improvement as defined in MTUS despite completion of earlier unspecified amounts of acupuncture. Therefore, the request for additional acupuncture is not medically necessary.