

<b>Case Number:</b>	CM14-0082553		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	07/17/2011
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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, has a subspecialty in Pain Management 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 is a patient with a date of injury of July 17, 2011. A utilization review determination dated May 8, 2014 recommends non certification of chiropractic treatment and acupuncture. A progress report dated April 14, 2014 identifies subjective complaints of right shoulder pain, right elbow pain, right wrist pain, and right knee pain. Objective examination findings reveal restricted range of motion in the right shoulder, tenderness to palpation the right shoulder, right elbow, right wrist, and right knee, and positive McMurray's test. Diagnoses include right rotator cuff tear, right shoulder sprain, status post surgery of the right shoulder, right elbow sprain, right carpal sprain, and right wrist and neuralgia. The treatment plan recommends DNA testing, toxicology testing, MRA of the right knee, chiropractic care 2X6, acupuncture 1X6, orthopedic consult, and no medication/creams needed today. A progress note dated December 25, 2014 indicates that the patient has previously undergone acupuncture and therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Treatment two (2) times a week for six (6) weeks to Right Shoulder/Upper Arm/Elbow/Right Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ManipulationTherapy Page(s): 58.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 58-60 of 127.

**Decision rationale:** Regarding the request for chiropractic care, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks for the treatment of low back pain. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. Within the documentation available for review, it is unclear exactly what objective functional deficits are intended to be addressed with the currently requested chiropractic care. Additionally, the currently requested 12 treatment sessions exceeds the initial trial recommended by guidelines of 6 visits. In the absence of clarity regarding the above issues, the currently requested chiropractic care is not medically necessary.

**Acupuncture Treatment two (2) times a week for six (6) weeks to Right Shoulder/Upper Arm/Elbow/Right Knee:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Medical treatment utilization schedule, Â§9792.24.1; Official Disability Guidelines Chronic Pain Chapter, Acupuncture

**Decision rationale:** Regarding the request for additional acupuncture, California Medical Treatment Utilization Schedule (MTUS) does support the use of acupuncture for chronic pain, with additional use supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions... and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, there is no documentation of analgesic efficacy (in terms of reduced NRS or percent pain reduction) or functional improvement with the previous acupuncture trial. In the absence of such documentation, the currently requested additional acupuncture is not medically necessary.