

Case Number:	CM13-0061702		
Date Assigned:	12/30/2013	Date of Injury:	11/17/2008
Decision Date:	01/02/2015	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/05/2013

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, has a subspecialty in 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 45 year old male who reported shoulder pain and bilateral upper extremity pain from injury sustained on 11/17/08. Mechanism of injury was not reported in the provided medical records. Patient is diagnosed with pain in joint-shoulder region; status post cubital tunnel release, right elbow debridement, right shoulder arthroscopy; status post Kenalog injection. Patient has been treated with surgeries, injection, medication, acupuncture and chiropractic. Per medical notes dated 06/04/14, patient present for re-evaluation his bilateral shoulder pain and right upper extremity pain. At this time, the patient's shoulders continue to be stable. Patient continues to have numbness, tingling and difficulty with gripping and grasping objects. Per medical notes dated 10/27/14, patient continues to complain of achiness and stiffness. Physical examination revealed tenderness to subacromial bursal space and right lateral epicondylitis. Provider requested additional 12 acupuncture treatments and 12 chiropractic treatments which were denied by the utilization reviewer.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS 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". Per utilization review, patient has had prior acupuncture treatment. 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. Additional visits may be rendered if the patient has documented objective functional improvement. 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. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 12 acupuncture treatments are not medically necessary.

Chiropractic sessions x 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: Per utilization review, patient has had prior chiropractic treatments; however, clinical notes fail to document any functional improvement with prior care. Provider requested additional 2X6 chiropractic sessions. 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 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. Requested visits exceed the quantity supported by cited guidelines. Furthermore MTUS guidelines do not recommend chiropractic for shoulder pain. Per review of evidence and guidelines, 12 Chiropractic visits are not medically necessary.