

Case Number:	CM14-0113549		
Date Assigned:	08/01/2014	Date of Injury:	09/24/1995
Decision Date:	01/09/2015	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/21/2014

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 a licensed Doctor of Chiropractic, has a subspecialty in Acupuncture and is licensed to practice in Chiropractic. 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 patient is reported to be a 64 year old female with a 4/24/2001 date of injury; mechanism of injury is unknown. The requesting physician, [REDACTED] issued a PR-2 dated 5/28/14 requesting additional Acupuncture treatment to manage the patient's chronic shoulder and elbow pain. She presented on 5/28/14 with BL shoulder and elbow pain VAS: 7/10; pain is reported unchanged. Palpable twitch trigger points were reported about the head/neck; cervical ROM decreased. No elbow deficits reported. Dx: history of rotator cuff syndrome bilaterally/right lateral epicondylitis. The UR determination of 6/23/14 denied the request for 6 additional Chiropractic visits stating that [REDACTED] failed to address the patient as presenting with any evidence of flare/exacerbation leading to decline in function to support the requested care, any residual functional deficits of the shoulders/elbow necessitating additional Chiropractic care along with the absence of any history as to the number of completed Chiropractic sessions prior to this request. Evidence citations: CAMTUS Chronic Treatment Guidelines Ch. 4.5; ODG-TWC: Shoulder/Elbow Guidelines offered as support for the determination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapy: Chiropractic x 6 Elbows and Shoulders: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG: Cervical Spine: Work Loss Data Institute, ODG® Treatment in Workers Compensation, 5th Edition, 2010 updated 4/25/14.; Elbow: updated 2/14/14

Decision rationale: The patient is reported to be a 64 year old female with a 4/24/2001 date of injury. [REDACTED] issued a PR-2 dated 5/28/14 requesting additional Acupuncture treatment, 6 sessions to manage the patient's chronic shoulder and elbow pain absent a submission of any residual deficits necessitating manual therapy. [REDACTED] failed to address whether this presentation was secondary to a recent flare/exacerbation leading to regressive symptoms/findings supporting additional care. No evidence of functional improvement from the prior Chiropractic care was provided leaving the prerequisite for consideration of additional care, evidence of functional improvement, the basis for denial. The UR determination of 6/23/14 was appropriate for denial of 6 Chiropractic visits and supported by evidence based criteria from CAMTUS and ODG Guidelines. Therefore the request is not medically necessary.