MAXIMUS Federal Services

Case Number:	CM14-0185178		
Date Assigned:	11/12/2014	Date of Injury:	08/02/2012
Decision Date:	01/06/2015	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	11/05/2014

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 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:

This is a 57-years /old female patient with pain complains of her left shoulder and mid back, amongst other areas, related to an injury that occurred on 08-02-12. Diagnoses included left shoulder impingement, cervicalgia, and thoracalgia. Previous treatments included: trigger point injections to the left shoulder, oral medication, chiropractic-physical therapy, acupuncture (unknown number of sessions or gains), self-care and work modifications amongst others. As the patient continued symptomatic, a request for additional acupuncture combined with infrared and myofascial release x6 was made on 08-05-14 by the PTP. The requested care was denied on 10-06-14 by the UR reviewer. The reviewer rationale was "the patient is participating in a self-direct aqua therapy, and myofascial release is a passive therapy that is not medically recommended at 2 years post injury". In regards to the acupuncture request, the reviewer stated that based the "lack of documentation of functional improvement, the request for acupuncture is not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial release 8 min or more 1 x 6 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Based on the Chronic Pain Medical Guidelines, page 99, and Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment. The injury that the patient presents is of a chronic nature; therefore myofascial release (passive therapy) is not medically necessary.

Acupuncture infrared lamp 1 x 6 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines,Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: In regards to the request for infrared therapy, according to the Chronic Pain Medical Guidelines, page 99, "Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment." The injury that the patient presents is of a chronic nature; therefore infrared lamp (passive therapy) is not supported for medical necessity. Concerning the additional acupuncture requested, the guidelines could support additional care based on the functional improvement(s) obtained/documented with previous care. After an unknown number of acupuncture sessions rendered in the past, no documentation of any benefits obtained was afforded to support the additional acupuncture care for medical necessity. Therefore, Acupuncture infrared lamp 1 x 6 visits is not medically necessary.