

<b>Case Number:</b>	CM14-0187624		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	11/17/1999
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 61man who sustained a work-related injury on November 17 1999. Subsequently, the injured worker developed a chronic right shoulder and elbow pain. According to a progress report dated on September 15 2014, the injured worker was complaining of insomnia and right shoulder and elbow pain with a severity rated 6/10. The injured worker physical examination demonstrated right shoulder and elbow tenderness with limited range of motion. The injured worker was diagnosed with chronic right shoulder and elbow pain. The provider requested authorization for acupuncture and chiropractic sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **12 Acupuncture Evaluation Visits (Twice Weekly for Six Weeks, Body Part(s) Unspecified): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** According to MTUS guidelines, Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and

removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Furthermore and according to MTUS guidelines, "Acupuncture with electrical stimulation" is the use of electrical current (microamperage or milli-amperage) on the needles at the acupuncture site. It is used to increase effectiveness of the needles by continuous stimulation of the acupoint. Physiological effects (depending on location and settings) can include endorphin release for pain relief, reduction of inflammation, increased blood circulation, analgesia through interruption of pain stimulus, and muscle relaxation. It is indicated to treat chronic pain conditions, radiating pain along a nerve pathway, muscle spasm, inflammation, scar tissue pain, and pain located in multiple sites. The injured worker developed chronic right shoulder and elbow pain and musculoskeletal disorders. He was candidate for treatment with acupuncture. However the frequency of the treatment should be reduced from 12 to up to 6 to or less sessions. More sessions will be considered when functional and objective improvements are documented. In addition, the provider should specify the body part considered for treatment. Therefore, the request for 12 Acupuncture Evaluation Visits (Twice Weekly for Six Weeks, Body Part(s) Unspecified) is not medically necessary.

**12 Chiropractic Physiotherapy Evaluation Visits (3 Times a Week for 4 Weeks, Body Part(s) Unspecified): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

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

**Decision rationale:** Per MTUS guidelines, recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the injured worker's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. The injured worker developed chronic right shoulder and elbow pain and musculoskeletal disorders. He was candidate for treatment with chiropractic sessions. However the frequency of the treatment should be reduced from 12 to up to 6 or less sessions. More sessions will be considered when functional and objective improvements are documented. In addition, the provider should specify the body part considered for treatment. Therefore, the request for 12 Chiropractic Physiotherapy Evaluation Visits, 3 Times a Week for 4 Weeks, Body Part(s) Unspecified is not medically necessary.