

Case Number:	CM14-0203449		
Date Assigned:	12/15/2014	Date of Injury:	09/07/2010
Decision Date:	02/03/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/05/2014

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 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 patient is a 43 year old injured worker woman who sustained a work-related injury on September 7 2010. Subsequently, the patient developed a chronic right shoulder and bilateral upper extremities pain. According to a progress report dated on August 6 2014, the patient was complaining of ongoing right shoulder and left upper extremity pain with numbness and paresthesia. The patient underwent a right shoulder surgery on 2011 without full paincontrol. The patient physical examination demonstrated cervical tenderness with reduced range of motion, right shoulder limitation of range of motion . The patient cervical MRI performed on 2012 demonstrated C3-4 foraminal stenosis. The patient was diagnosed with cervical radiculitis. The provider requested authorization for acupuncture and massage therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1x10 Quantity: 10 sessions: Upheld

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

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 patient developed chronic neck/shoulder pain and musculoskeletal disorders. She is a candidate for treatment with acupuncture. However the number of sessions of the treatment should be reduced from 10 to 3 or less sessions. More sessions will be considered when functional and objective improvement is documented. Therefore, the request is not medically necessary.

Massage therapy 3x3 Quantity: 9 sessions: 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 Manual therapy & manipulation Page(s): 58.

Decision rationale: According to MTUS guidelines, massage therapy 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 patient'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. There is no documentation of objective findings that support musculoskeletal dysfunction requiring more physical therapy. The patient have a work related injury since 2010. The outcome of previous physical therapy and massage therapy was not clearly documented in the patient file. The provider did not document a rational behind the request for 9 massage therapy sessions. Therefore, the request for Massage therapy 3x3 Quantity: 9 sessions is not medically necessary.