

Case Number:	CM15-0000977		
Date Assigned:	01/12/2015	Date of Injury:	02/13/2014
Decision Date:	03/12/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 27 year old female who sustained an industrial injury on February 13, 2014. She reports pain in the bilateral hands, wrists, arms, and elbows and has been diagnosed with cervical sprain/strain, cervical radiculopathy, shoulder sprain/strain, elbow sprain/strain, bilateral carpal tunnel syndrome, myalgia and myositis unspecified, spasm of muscle, and associated tingling and numbness. Treatment to date has included medical imaging, acupuncture, chiropractic treatment and pain medications. Currently the injured worker complains of frequent constant pain of both hands, wrists, arms, and shoulders while working. The treatment plan included wrist braces, topical creams, and acupuncture. On December 29, 2014 Utilization review modified Acupuncture for the cervical spine, and bilateral hands and chiropractic therapy for the cervical spine without cited references.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave treatment therapy for the Bilateral Hands: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 14 Ankle and Foot Complaints Page(s): 29, 371.

Decision rationale: The MTUS Guidelines and ODG do not address the use of shock wave therapy for the hands. The MTUS Guidelines strongly recommend against the use of extracorporeal shock wave therapy for the elbow. Per the MTUS Guidelines, there is limited evidence regarding extracorporeal shock wave therapy in treating plantar fasciitis to reduce pain and improve function. As there is a lack of evidence supporting the use of shock wave therapy for the hands, it is determined that medical necessity has not been established for this request. The request for Shockwave treatment therapy for the Bilateral Hands is determined to not be medically necessary.

Shockwave treatment therapy for the Cervical Spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back chapter, Shock Wave Therapy section

Decision rationale: The MTUS Guidelines and ODG do not address the use of extracorporeal shock wave therapy to the cervical spine. The ODG does not recommend the use of shock wave therapy to the lumbar spine as the available evidence does not support the effectiveness of ultrasound or shock wave for treating low back pain. Since there is a lack of information that could be used to support the use of shock wave therapy for the cervical spine, medical necessity of this request has not been established. The request for Shockwave treatment therapy for the Cervical Spine is determined to not be medically necessary.

Chiropractic Therapy for Bilateral hands: 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 section Page(s): 58-61.

Decision rationale: Per the MTUS Guidelines, chiropractic care consisting of manual therapy and manipulation for the low back is 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 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. A therapeutic trial of 6 visits over 2 weeks is recommended. If there is evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks is recommended. Elective or maintenance care is not recommended. Recurrences or flare ups should be evaluated for treatment success, and if return to work is achieved, 1-2 visits every 4-6

months is reasonable. Chiropractic care for the hands is not recommended by the MTUS Guidelines. The request for Chiropractic Therapy for Bilateral hands.

Acupuncture for the Cervical Spine: 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: The MTUS Guidelines recommend the use of acupuncture in the treatment of chronic pain to improve function. The recommended time to produce functional improvement is 3 to 6 sessions at a frequency of 1 to 3 times per week over 1 to 2 months. Additional treatments may be necessary if there is documented functional improvement as a result to the trial of 3 to 6 sessions. The requesting physician is recommending acupuncture 2 times per week for 6 weeks. This request is for 12 sessions of acupuncture which is in excess of the recommendations of the MTUS Guidelines. The request for Acupuncture for the Cervical Spine is determined to not be medically necessary.

Chiropractic Therapy for the Cervical Spine: 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 section Page(s): 58-61.

Decision rationale: Per the MTUS Guidelines, chiropractic care consisting of manual therapy and manipulation for the low back is 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 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. A therapeutic trial of 6 visits over 2 weeks is recommended. If there is evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks is recommended. Elective or maintenance care is not recommended. Recurrences or flare ups should be evaluated for treatment success, and if return to work is achieved, 1-2 visits every 4-6 months is reasonable. The requesting physician is recommending 2 chiropractic sessions per week for 6 weeks. This request for 12 chiropractic sessions is in excess of the recommendations of the MTUS Guidelines. The request for Chiropractic Therapy for the Cervical Spine is determined to not be medically necessary.