MAXIMUS Federal Services

Case Number:	CM15-0001021		
Date Assigned:	01/12/2015	Date of Injury:	02/13/2014
Decision Date:	03/20/2015	UR Denial Date:	12/24/2014
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: New York
Certification(s)/Specialty: Anesthesiology

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 28 year old female sustained a work related injury on 02/13/2014. According to a progress report dated 12/16/2014 the injured worker complained of occasional pain in her neck with feeling of stiffness which radiated to both shoulders. She complained of headaches and frequent increasing to constant pain of hands, wrists, arms and shoulders while working. There was frequent tingling and numbness of both wrist and hands after prolonged typing and sometimes at night. She also reported difficulty with sleep, waking during the night due to pain and numbness of the arms. Acupuncture therapy and topical creams improved her symptoms in the past. Pain was also reduced with rest and activity modification. Diagnoses included cervical sprain/strain, cervical radiculopathy, shoulder sprain/strain, bilateral carpal tunnel syndrome, myalgia and myositis unspecified, spasm of muscle and associated tingling and numbness. Treatment plan included continued use of wrist braces, use of topical pain creams, acupuncture and mobilization and exercises of the wrists/forearms as per primary treating physician. Work status was deferred to a different provider.On 12/24/2015, Utilization Review modified acupuncture for the cervical spine and bilateral hands quantity 3 and chiropractic therapy for the cervical spine quantity 6 and non-certified shockwave therapy treatment for bilateral hands, shockwave therapy treatment for cervical spine and chiropractic therapy for bilateral hands. According the Utilization Review physician, shockwave therapy has not been adequately proven with regards to overall efficacy and safety. There are limited large-scale, long-term references showing the safety and efficacy of the requested treatment in this patient's clinical scenario. In regards for Acupuncture of the bilateral shoulders and hands, guidelines criteria have partially been met. The injured worker

had neck, shoulder, elbow, wrist and hand pain. There was tenderness to palpation with pain on motion in all areas. Therefore, acupuncture would be indicated, however at a modified number to allow for demonstration of functional improvement and/or decrease in pain. In regards of chiropractic therapy for the cervical spine, bilateral shoulders and hands, guideline criteria have partially been met. The injured worker had neck, shoulder, elbow, wrist and hand pain. There was tenderness to palpation with pain on motion in all areas. Therefore a modified number was indicated to allow for demonstration of functional improvement and/or a decrease in pain. Guidelines cited Shockwave Therapy Treatment for Bilateral Hands included Ultrasound Med Biol. 2011 Sep;37(9):1452-6 doi:10.1016/j.ultrasmedbio.2011.06.003. Epub 2011 Jul 10. Guidelines cited for Shockwave Therapy treatment for the Cervical Spine included Ann Rehabil Med. 2012 Oct;36(5):665-74. Doi:10.5535/arm.2012.36.5.665. Epub 2012 Oct 31. Guidelines cited for acupuncture included CA MTUS Acupuncture Treatment Guidelines. Guidelines cited for chiropractic therapy for the cervical spine, bilateral shoulders and hands included CA MTUS Chronic Pain Treatment Guidelines pages 58-60. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave Therapy Treatment- Bilateral Hands, quantity 3: 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 Medscape Internal Medicine (2012), Indications for Extracorporeal Shock Wave Therapy

Decision rationale: Extracorporeal shock wave therapy (ESWT) is a noninvasive treatment proposed to treat refractory tendonopathies such as, plantar fasciitis and lateral epicondylitis. It has also been introduced as an alternative to surgery for patients that have not responded to other conservative therapies. ESWT is a noninvasive treatment that involves delivery of low or high energy shock waves via a device to a specific site within the body. These pressure waves travel through fluid and soft tissue; their effects occur at sites where there is a change in impedance, such as the bone/soft tissue interface. Low-energy shock wave treatments are generally given in one session and usually require some type of anesthesia. The documentation indicates the claimant has chronic bilateral hand pain. There is no indication for the use of ESWT for the treatment of chronic bilateral hand pain. There are limited large-scale, long-term references showing the safety and efficacy of the requested treatment in this patient's clinical scenario. However, medical necessity for the requested procedure has not been established. The requested service is not medically necessary.

Shockwave Therapy Treatment-Cervical Spine, quantity 6: 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 Medscape Internal Medicine (2012), Indications for Extracorporeal Shock Wave Therapy

Decision rationale: Extracorporeal shock wave therapy (ESWT) is a noninvasive treatment proposed to treat refractory tendonopathies such as, plantar fasciitis and lateral epicondylitis. It has also been introduced as an alternative to surgery for patients that have not responded to other conservative therapies. ESWT is a noninvasive treatment that involves delivery of low or high energy shock waves via a device to a specific site within the body. These pressure waves travel through fluid and soft tissue; their effects occur at sites where there is a change in impedance, such as the bone/soft tissue interface. Low-energy shock wave treatments are generally given in one session and usually require some type of anesthesia. The documentation indicates the claimant has chronic cervical/neck pain. There is no indication for the use of ESWT for the treatment of chronic neck pain. There are limited large-scale, long-term references showing the safety and efficacy of the requested treatment in this patient's clinical scenario. However, medical necessity for the requested procedure has not been established. The requested service is not medically necessary.

Acupuncture- Cervical Spine and Bilateral Hands, quantity 18: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines,Chronic Pain Treatment Guidelines.

Decision rationale: According to the CA MTUS / Acupuncture Medical Treatment 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. Functional improvement is a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation. 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. The MTUS recommends an initial trial of 3-6 visits of acupuncture. In this case, previous acupuncture treatments were reported to improve her symptoms. However, given the MTUS recommendations for use of acupuncture, the prescription for 18 visits in this case, is not medically necessary. The requested treatments are not medically necessary.

Chiropractic Therapy- Cervical Spine, quantity 18: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints,Chronic Pain Treatment Guidelines Page(s): 58-60.

Decision rationale: According to MTUS, Manual Therapy (Chiropractic Therapy) is recommended for chronic pain if it is caused by musculoskeletal conditions. 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. For the treatment of the cervical spine and bilateral shoulders, a trial of 6 visits is recommended over 2 weeks, with evidence of objective functional improvement, with a total of up to 18 visits over 6-8 weeks. If manipulation has not resulted in functional improvement in the first one or two weeks, it should be stopped and the patient reevaluated. In this case, the requested number of sessions (18) exceeded the MTUS recommendation. Medical necessity for the requested services has not been established. The requested chiropractic therapy is not medically necessary.

Chiropractic Therapy- Bilateral Hands, quantity 18: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265,Chronic Pain Treatment Guidelines Page(s): 58-60.

Decision rationale: According to the ACOEM Guidelines, chiropractic manipulation is a treatment option during the acute phase of injury, and manipulation should not be continued for more than a month, particularly when there is not a good response to treatment. Per the CA MTUS Guidelines (2009), Manual Therapy (Chiropractic Therapy) is recommended for chronic pain if it is caused by musculoskeletal conditions. 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. According to the MTUS, a trial of 6 visits of manual therapy and manipulation may be provided over 2 weeks, with any further manual therapy contingent upon functional improvement. The MTUS recommends against chiropractic manipulation for the knee, elbow, forearm, wrist, hand, knee, foot, and ankle. In this case, the prescription was for both hands, which are "not recommended" per the MTUS Guidelines. Medical necessity of the requested treatments has not been established. The requested services are not medically necessary.