

Case Number:	CM15-0002293		
Date Assigned:	01/13/2015	Date of Injury:	05/19/2014
Decision Date:	03/16/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/06/2015

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, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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 28-year-old male who reported an injury on 05/19/2014. The mechanism of injury occurred while performing physical exercise training. His relevant diagnoses include cervical herniated disc and left shoulder impingement. His past treatments included 6 acupuncture sessions and 6 chiropractic treatments. On 12/22/2014, the injured worker indicated he had improvement with acupuncture and chiropractic to include increased ADLs, increased range of motion in the lumbar spine. It was also noted it helped with muscle spasms after chiropractic treatment. However, as the injured worker has stopped, he has complaints of flare-ups. The physical examination revealed tenderness over the rhomboid with left radiculopathy, positive for spasms and tenderness, and a positive Tinel's. His relevant medications were not provided for review. His treatment plan included acupuncture and chiropractic treatment. A rationale was provided. A Request for Authorization form was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, Cervical Spine and left shoulder, 2 times a week for 6 weeks, 12 sessions:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Acupuncture Treatment Guidelines, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for acupuncture, cervical spine and left shoulder, 2 times a week for 6 weeks, 12 sessions, is not medically necessary. According to the California MTUS Guidelines, acupuncture is indicated as an option when pain medication is reduced or not tolerated, may be used as an adjunct to physical rehabilitation, or as a surgical intervention to hasten functional recovery. The time to produce functional improvement would be indicated as 3 to 6 sessions with a frequency of 1 to 3 times a week and an optimum duration of 1 to 2 months. The injured worker was indicated to have undergone previous acupuncture treatments. However, there was lack of documentation of objective functional improvement and an assessment from the previously completed sessions. Furthermore, there was a lack of documentation to indicate the injured worker had pain medication reduced or was not tolerated, was using acupuncture as an adjunct to physical rehabilitation, or as a surgical intervention to hasten functional recovery. In addition, the request as submitted exceeds the number of visits recommended by the guidelines. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Chiropractic Services, Cervical Spine and left shoulder, 2 times a week for 6 weeks; 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: The request for Chiropractic Services, Cervical Spine and left shoulder, 2 times a week for 6 weeks; 12 sessions is not medically necessary. According to the California MTUS Guidelines, Manual therapy & manipulation for the cervical spine and left shoulder may be allotted 4 to 6 treatments to produce effects with 1-2 times per week for the first 2 weeks dependent upon severity then continued as 1 per week for 6 weeks with a maximum of 8 weeks. Furthermore, the guidelines state, that treatment beyond 4-6 visits should be documented with objective improvement in function. The injured worker was indicated to have undergone previous chiropractic treatments. However, there was lack of documentation of objective functional improvement and an assessment from the previously completed sessions. In addition, the request as submitted would exceed the number of visits recommended by the guidelines. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.