

Case Number:	CM15-0005033		
Date Assigned:	01/16/2015	Date of Injury:	03/01/2012
Decision Date:	03/16/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/09/2015

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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 22 year old female, who sustained an industrial injury on March 1, 2012. She has reported right arm/forearm and right foot/ankle injuries. The diagnoses have included right ankle internal derangement, right ankle sprain/strain, crushing injury of foot, fracture foot bone, right elbow sprain/strain, and right forearm muscle spasm. Treatment to date has included diagnostic studies and pain, oral and topical non-steroidal anti-inflammatory, anti-epilepsy, and muscle relaxant medications, work modifications, physical therapy, acupuncture, and shockwave therapy. On August 27, 2014, X-rays of the right foot and right wrist were unremarkable. On July 31, 2014, magnetic resonance imaging (MRI) of the right ankle revealed tenosynovitis of the peroneus longus, tenosynovitis and tendinosis of the peroneus brevis, tendinosis of the Achilles' tendon, and minimal fluid in the retrocalcaneal bursa and sulcus calcaneal. On August 1, 2014, a magnetic resonance imaging (MRI) of the right forearm and right foot was unremarkable. Currently, the injured worker complains of activity dependent moderate, sharp throbbing pain and stiffness of the right forearm and elbow and constant, sharp, stabbing pain of the right ankle with stiffness and heaviness. The physical exam revealed decreased and painful range of motion of the right elbow and forearm. There was tenderness to palpation of the elbow, muscle spasms of the forearm, and positive Cozens. The right ankle had painful range of motion, tenderness to palpation of the Achilles' tendon and ankle, and muscle spasms of the calf and distal leg. The records refer to prior courses of acupuncture and chiropractic/physical therapy, but do not provide specific dates or results. On December 29, 2014, the injured worker submitted an application for IMR for review of a prescription for 12 visits (2 x 6) of acupuncture

to the right ankle, right foot, and right forearm, and a prescription for 4 visits (1 x 4) of chiropractic and physical therapy to the right ankle, right foot, and right forearm. The acupuncture was non-certified based on lack of evidence of functional gains resulting from acupuncture management. The chiropractic and physical therapy was non-certified based on lack of evidence of functional gains resulting from the chiropractic management. In addition, chiropractic treatment is not recommended by the guidelines for the ankle, foot, forearm, wrist, and hand. The California Medical Treatment Utilization Schedule (MTUS) Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture to right ankle, right foot and right forearm 2 x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: 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."(c) Frequency and duration of acupuncture or acupuncture with electrical stimulation maybe performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(ef). There is no documentation of functional improvement with previous acupuncture treatment (11 sessions of acupuncture). Therefore, Acupuncture to right ankle, right foot and right forearm 2 x 6 is not medically necessary.

Chiropractic therapy to right ankle, right foot and right forearm 1 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

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

Decision rationale: According to MTUS guidelines, Manual therapy & manipulation 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. Low back: Recommended as an option. Therapeutic care trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care not medically necessary. Recurrences/flare-ups need to be reevaluated. Based on the patient's records, there is no functional deficit documented that could not be addressed with home exercise program. In addition, the patient completed 19 sessions of chiropractic treatment without any indication of functional changes and improvement of her symptoms. Therefore, the request for Chiropractic therapy to right ankle, right foot and right forearm 1 x 4 is not medically necessary.

Physio Therapy to right ankle, right foot and right forearm 1 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: According to MTUS guidelines, Manual therapy & manipulation 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. Low back: Recommended as an option. Therapeutic care trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care not medically necessary. Recurrences/flare-ups need to be reevaluated. Based on the patient's records, there is no functional deficit documented that could not be addressed with home exercise program. In addition, the patient completed 19 sessions of physio treatment without any indication of functional changes and improvement of her symptoms. Therefore, the request for physio therapy to right ankle, right foot and right forearm 1 x 4 is not medically necessary.