

Case Number:	CM15-0100990		
Date Assigned:	06/03/2015	Date of Injury:	09/28/2011
Decision Date:	07/07/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/26/2015

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: Texas, New York, 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 applicant is a represented 48-year-old who has filed a claim for chronic shoulder and elbow pain reportedly associated with an industrial injury of September 28, 2011. In a utilization review report dated May 1, 2015, the claims administrator failed to approve requests for 12 sessions of acupuncture and 12 sessions of chiropractic manipulative therapy for the bilateral shoulders. Partial approvals of six sessions a piece were endorsed. An RFA form received on April 27, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On May 19, 2015, the applicant reported multifocal complaints of bilateral shoulder and bilateral forearm pain, 7/10 to 9/10, exacerbated by gripping and grasping activities. The applicant's work status was not clearly detailed. Drug testing was sought. On April 7, 2015, MRI imaging of the bilateral shoulders, an orthopedic consultation, and functional capacity testing were sought. 6/10 multifocal shoulder and elbow pain were reported. The applicant was no longer employed with his former employer, it was acknowledged. The applicant was apparently in the process of transferring care to a new primary treating provider (PTP), it was acknowledged. A rather proscriptive 10-pound lifting limitation was sought. Acupuncture, multiple MRI studies, and manipulative therapy were sought. It did not appear that the applicant was working with said 10-pound lifting limitations in place. The applicant did apparently retain 140 degrees of shoulder flexion bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the bilateral shoulders 2x6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: No, the request for 12 sessions of acupuncture for the bilateral shoulders was not medically necessary, medically appropriate, or indicated here. The 12-session course of acupuncture at issue, in and of itself, represents treatment in excess of the three to six treatments deemed necessary to produce functional improvement following introduction of acupuncture in MTUS 9792.24.1c.1. While the Acupuncture Medical Treatment Guidelines in Section 9792.24.1a also acknowledges that acupuncture can be employed for a wide variety of purposes, including chronic pain purposes in applicants in whom pain medications are not tolerated, to reduce pain, to reduce inflammation, etc., here, however, it was not clearly stated for what purpose acupuncture was sought. The applicant's current primary treating provider (PTP) did not clearly state whether the applicant had or had not had previous acupuncture through other providers. Therefore, the request for 12 sessions of acupuncture was not medically necessary.

Chiropractic treatment for the bilateral shoulders 2x3: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

Decision rationale: Similarly, the request for six sessions of chiropractic and manipulative therapy for the bilateral shoulders was likewise not medically necessary, medically appropriate, or indicated here. Page 58 of the MTUS Chronic Pain Medical Treatment Guidelines does not address the topic of manipulative therapy for the shoulders, i.e., the body part at issue here. While the MTUS Guideline in ACOEM Chapter 9, page 203 does acknowledge that manipulation and bimanual therapies have been described as effective for applicants with frozen shoulders, here, however, the applicant retained well-preserved shoulder range of motion with flexion reported at 140 degrees bilaterally on April 7, 2015. It did not appear that the applicant carried a diagnosis of frozen shoulders for which chiropractic manipulative therapy would have been indicated, per ACOEM. ACOEM Chapter 9, page 203 further notes that the period of treatment for manipulative therapy for the shoulders is limited to a few weeks, as results diminish over time. Here, thus, the request for manipulative therapy at this late stage in the course of the claim, over 2-1/2 years removed from the date of injury was not indicated here, per ACOEM. As with the preceding request for acupuncture, the applicant's current treating provider did not detail or narrate what treatment or treatments had transpired before the applicant transferred care to him. It was not clearly stated or clearly established whether the applicant had or had not had previous chiropractic manipulative therapy for the shoulders as of the date of the request, April 7, 2015. Therefore, the request was not medically necessary.