

Case Number:	CM15-0019320		
Date Assigned:	02/09/2015	Date of Injury:	06/23/2012
Decision Date:	04/01/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/03/2015

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

Certification(s)/Specialty: Chiropractor

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 58-year-old male who reported an injury on 06/23/2012. The mechanism of injury was not provided. His diagnoses include left shoulder impingement, other specified disorders of bursae and tendons in shoulder, and lumbago. Past treatment was noted to include acupuncture for the lumbar spine and a Kenalog injection, and bracing. On 01/19/2015, it was noted the injured worker had pain with overhead activities. Upon physical examination, his range of motion of his left shoulder measured flexion and abduction at 120 degrees and internal rotation was to L3. He had positive crepitation with range of motion of the AC joint as well as positive Hawkins, Kennedy's, and Neer's test. Relevant medications were not included in the report. The treatment plan was noted to include home physical therapy kit, acupuncture for his lumbar spine, and chiropractic therapy for his lumbar spine. A request was received for acupuncture therapy for left shoulder qty: 12 and chiropractic therapy for left shoulder qty: 12 without a rationale.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Therapy for Left Shoulder Qty: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the California MTUS Guidelines, acupuncture is an option when pain medications are reduced or not tolerated and to be used in adjunctive physical therapy. The guidelines go on to state that no more than 24 sessions after an initial 6 visit trial is recommended. The clinical documentation submitted for review indicated the injured worker had pain and decreased range of motion to his left shoulder; however, there was no documentation noting the adjunctive participation in an active therapeutic exercise program. Additionally, the treatment plan noted that the acupuncture therapy was for lumbar spine and not the left shoulder. Clarification is needed in that regard. Consequently, the request is not supported by the evidence based guidelines. As such, the request for acupuncture therapy for left shoulder qty: 12 is not medically necessary.

Chiropractic Therapy for Left Shoulder Qty: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: According to the California MTUS Guidelines, manual therapy and manipulation, or chiropractic therapy, is recommended for chronic pain caused by musculoskeletal conditions. The goal for chiropractic therapy is positive symptomatic or objective measurable gains in functional improvement that facilitate the progress in an active therapeutic exercise program. The guidelines go on to state that an initial trial of 6 visits should be sufficient with no more than 18 visits after objective functional improvement. The clinical documentation submitted for review indicated the injured worker had decreased range of motion to the left shoulder; however, there is no documentation noting the adjunctive participation in an active therapeutic exercise program. Additionally, the documentation submitted for review indicated that chiropractic therapy was for the lumbar spine and not the left shoulder. Moreover, the request exceeds the guideline recommended duration of treatment for an initial trial. Consequently, the request is not supported. As such, the request for chiropractic therapy for left shoulder qty: 12 is not medically necessary.