

Case Number:	CM15-0138991		
Date Assigned:	07/28/2015	Date of Injury:	10/20/2011
Decision Date:	08/25/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/17/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 is a 56-year-old female with an October 20, 2011 date of injury. A progress note dated April 10, 2015 documents subjective complaints (increased stiffness and neck pain), and objective findings (increased pain with range of motion; decreased sensation in the right C6-C7 distribution). Diagnoses were noted in the medical record to include disorders of bursae and tendons in the shoulder region. Treatments to date have included right shoulder surgery, physical therapy, imaging studies, and diagnostic testing. The treating physician requested authorization for acupuncture and chiropractic treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic two times six for the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The claimant sustained a work injury in October 2011 and continues to be treated for neck and right shoulder pain. She had physical therapy beginning in March 2015. When seen, she was having headaches. When seen for what is described as a detailed reevaluation, there were no reported physical examination findings. The most recent physical examination in April 2015 included findings of decreased right upper extremity sensation and increased pain with range of motion. Authorization is being requested for 12 sessions of acupuncture and 12 sessions of chiropractic care. Chiropractic care is recommended as an option in the treatment of chronic pain. Guidelines recommend a trial of 6 visits over 2 weeks with further treatment considered if there is objective evidence of functional improvement and with a total of up to 18 visits over 6-8 weeks. In this case, the number of initial treatment sessions requested is in excess of the guideline recommendation and is not medically necessary.

Acupuncture two times six for the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The claimant sustained a work injury in October 2011 and continues to be treated for neck and right shoulder pain. She had physical therapy beginning in March 2015. When seen, she was having headaches. When seen for what is described as a detailed reevaluation, there were no reported physical examination findings. The most recent physical examination in April 2015 included findings of decreased right upper extremity sensation and increased pain with range of motion. Authorization is being requested for 12 sessions of acupuncture and 12 sessions of chiropractic care. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented with a frequency of 1 to 3 times per week and optimum duration of 1 to 2 months. In this case, the number of initial treatments requested is in excess of guideline recommendations. The requested acupuncture treatments were not medically necessary.