

Case Number:	CM15-0163288		
Date Assigned:	08/31/2015	Date of Injury:	01/22/2015
Decision Date:	10/05/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/20/2015

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, California

Certification(s)/Specialty: Family Practice

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 50 year old female who sustained a work related injury January 22, 2015. She slipped and fell on a wet floor, landing on her back. She complained of pain in her neck, left shoulder, left wrist, low back, right hip, knee and ankle and abdomen. An MRI of the right hip performed March 9, 2015, (report present in the medical record) revealed narrowed bilateral hip joints with concurrent partial thickness femoral and acetabular cartilage loss; bilateral small joint effusion. An MRI of the right knee, dated March 9, 2015, (report present in the medical record) revealed thin cartilage of the medial femoral condyle and medial tibial plateau which causes narrowing of the joint space; marginal osteophytes at the medial femoral condyle and medial tibial plateau; medial meniscus; horizontal tear involving the posterior horn with an adjacent small cyst like structure consistent with parameniscal cyst; lateral meniscus; internal degeneration; patellar chondromalacia. There are reports of MRI's of the left shoulder, cervical spine, and lumbar spine, dated March 9, 2015, are present in the medical record. A report of an MRI of the left wrist dated March 9, 2015 is present in the medical record. A primary treating physician's report March 2015, documents objective findings; cervical distraction and maximal foraminal compression tests positive left and right; left drop arm test negative and supraspinatus test positive left; bilateral upper extremities, sensation to pinprick and light touch slightly diminished C6 C7 dermatomes, left upper extremity; gait antalgic; lumbar spine- squat 10% of normal due to pain, bilateral paraspinal muscle guarding, straight leg raise positive at 60 degrees left and right, seated root and Braggart's positive left and right; positive Patrick's- FABERE. Diagnoses are cervical spine radiculopathy; rule out rotator cuff tear; left wrist tenosynovitis, rule out derangement; radiculitis, lower extremity; rule out right

hip, right knee, right ankle internal derangement. At issue, is the request for authorization for 12 acupuncture visits and 8 chiropractic and physiotherapy visits. The medication list include Synapryn, Fanatrex, Deprizine, and Dicopanor. Other therapy done for this injury was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 acupuncture visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per the CA MTUS Acupuncture medical treatment guidelines cited below state that "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." The medical records provided did not specify a plan to reduce pain medications, or any intolerance to pain medications that patient is taking currently. CA MTUS Acupuncture guidelines recommend up to 3 to 6 treatments over 1 to 2 months for chronic pain. Details of PT or other type of therapy done since date of injury was not specified for this injury. Response to any prior rehabilitation therapy including PT/acupuncture/pharmacotherapy since the date of injury was not specified in the records provided. The records submitted contain no accompanying current PT/acupuncture evaluation for this patient. Prior conservative therapy visit notes were not specified in the records provided. Evidence of diminished effectiveness of medications was not specified in the records provided. Furthermore, documentation of response to other conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts was not provided in the medical records submitted. 12 acupuncture visits is not medically necessary.

8 chiro and physiotherapy visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy page 98 Manual therapy & manipulation, page 58-59.

Decision rationale: The guidelines cited below state, "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." Per the MTUS guidelines regarding chiropractic treatment, "One of the goals of any treatment plan should be to reduce the frequency of treatments to the point where maximum therapeutic benefit continues to be achieved while encouraging more active self-therapy, such as independent strengthening and range of motion exercises, and rehabilitative exercises. Patients also need to be

encouraged to return to usual activity levels despite residual pain, as well as to avoid catastrophizing and overdependence on physicians, including doctors of chiropractic." In addition the cite guideline states "Several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits." Details of PT or other type of therapy done since the date of injury was not specified for this injury. Previous conservative visits notes were not specified in the records provided. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The request for 8 chiro and physiotherapy visits is not medically necessary for this patient.