

Case Number:	CM15-0182258		
Date Assigned:	09/23/2015	Date of Injury:	07/17/2015
Decision Date:	10/27/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/15/2015

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:

The injured worker is a 61 year old male, who sustained an industrial injury on 7-17-2015. The medical records indicate that the injured worker is undergoing treatment for cervical spine sprain-strain, bilateral shoulder sprain-strain, bilateral elbow sprain-strain, and clinical lateral epicondylitis. According to the progress report dated 8-12-2015, the injured worker presented with complaints of constant upper back pain with radiation into the bilateral shoulders, associated with numbness, tingling, and deep sensation. He notes that the pain increases when pushing, pulling, lifting, and with repetitive movements. In addition, he complains of constant bilateral shoulder pain with radiation into his neck and constant bilateral elbow pain, associated with numbness, tingling, and deep sensation. On a subjective pain scale, he rates his pain 6 out of 10. The physical examination of the cervical reveals tenderness to palpation with spasm of the upper trapezius muscles. There is restricted range of motion noted. Examination of the shoulders reveals tenderness to palpation of the right biceps, strength 2 out of 5, and reduced range of motion. Examination of the elbows reveals tenderness to palpation over the right extensor muscles and bilateral lateral epicondyles. Strength was 2 out of 5. The current medications were not specified. Treatments to date include medication management, heat pack, physical therapy, and chiropractic. Work status is described as modified duty. The original utilization review (8- 28-2015) had modified a request for 12 chiropractic, physiotherapy, and acupuncture to the cervical spine, bilateral shoulders, and bilateral elbows.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy/physiotherapy 2 times a week for 6 weeks for the cervical spine, bilateral shoulder, and bilateral elbows: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The claimant sustained a cumulative trauma work injury with date of injury in July 2015 and is being treated for upper back, bilateral shoulder, elbow, and foot pain, headaches, right testicular pain, and psychological sequela. When seen, prior treatments had included physical therapy, chiropractic care, and medications. Physical examination findings included decreased cervical range of motion with tenderness and trapezius muscle spasms. He had right biceps tenderness, bilateral elbow, and bilateral plantar tenderness. There was a large right inguinal hernia with abdominal tenderness. Manual muscle testing is recorded at 2+/5. Chiropractic and acupuncture treatments were requested. Chiropractic treatment is recommended for chronic pain if caused by musculoskeletal conditions with a trial of 6 visits over two weeks and a total of up to 18 visits over 6-8 weeks. Treatment beyond 4-6 visits should be documented with objective improvement in function. In this case, the number of initial treatments being requested is in excess of the guideline recommendation. The claimant's condition is chronic without new injury. The request is not medically necessary.

Acupuncture 2 times a week for six weeks for the cervical spine, bilateral shoulders, and bilateral elbows: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The claimant sustained a cumulative trauma work injury with date of injury in July 2015 and is being treated for upper back, bilateral shoulder, elbow, and foot pain, headaches, right testicular pain, and psychological sequela. When seen, prior treatments had included physical therapy, chiropractic care, and medications. Physical examination findings included decreased cervical range of motion with tenderness and trapezius muscle spasms. He had right biceps tenderness, bilateral elbow, and bilateral plantar tenderness. There was a large right inguinal hernia with abdominal tenderness. Manual muscle testing is recorded at 2+/5. Chiropractic and acupuncture treatments were requested. 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 or 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.

