

Case Number:	CM15-0199384		
Date Assigned:	10/14/2015	Date of Injury:	09/18/2009
Decision Date:	12/03/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/09/2015

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 77 year old female who sustained an industrial injury on 9-18-2009. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral hand sprain-strain, bilateral shoulder sprain-strain, left cervical radiculopathy, lumbosacral sprain and knee sprain-strain. According to the progress report dated 9-9-2015, the injured worker complained of pain in both shoulders with restricted range of motion. She complained of pain in the left neck and numbness and tingling of the left arm. She complained of upper and lower back pain. She also complained of pain in both hands and wrists. Per the treating physician (9-9-2015), the injured worker was retired. Objective findings (9-9-2015) revealed tenderness of the left neck paracervical muscles with restricted range of motion. There was tenderness and spasm of the left and right deltoid and upper extremity muscles. There was muscle weakness of the hands and fingers. Treatment has included 6 chiropractic sessions, 2 acupuncture sessions, 6 physical therapy sessions and medications. The physician noted (9-9-2015) that chiropractic treatment provided relief of neck and back pain; acupuncture provided temporary improvement in back and neck pain. The request for authorization was dated 9-8-2015. The original Utilization Review (UR) (9-15-2015) denied requests for chiropractic treatment and acupuncture 2x3 for the neck, shoulders, hands and low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro 3 x 2, neck, shoulders, hands & low back: Upheld

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

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

Decision rationale: The claimant sustained a work injury in September 2009 when she tripped and fell in a parking lot. She is being treated for neck, low back, and bilateral shoulder, wrist, and hand pain. When seen, since the last examination, her condition had not improved significantly. She was having moderately to extremely severe pain. Physical examination findings included left cervical tenderness with decreased range of motion and decreased strength at 4/5. There was significantly decreased bilateral shoulder range of motion. There was hand tenderness with decreased finger range of motion. Prior treatments had included 6 sessions of physical therapy, 6 chiropractic treatments, and three acupuncture sessions with temporary improvement. Additional chiropractic and acupuncture treatments were requested. Chiropractic care is recommended as an option in the treatment of chronic pain. Guidelines recommend a trial of 6 visits over two 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 claimant completed 6 treatments without functional improvement or significant improvement in her condition. Additional chiropractic treatments are not medically necessary.

Acupuncture 2 x 3, neck, shoulders, hands & low back: 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 work injury in September 2009 when she tripped and fell in a parking lot. She is being treated for neck, low back, and bilateral shoulder, wrist, and hand pain. When seen, since the last examination, her condition had not improved significantly. She was having moderately to extremely severe pain. Physical examination findings included left cervical tenderness with decreased range of motion and decreased strength at 4/5. There was significantly decreased bilateral shoulder range of motion. There was hand tenderness with decreased finger range of motion. Prior treatments had included 6 sessions of physical therapy, 6 chiropractic treatments, and three acupuncture sessions with temporary improvement. Additional 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 of 1 to 3 times per week and optimum duration of 1 to 2 months. In this case, the claimant has not improved after the three treatments already provided. The number of additional treatments requested is in excess of guideline recommendations. The request is not medically necessary.

