

Case Number:	CM15-0024646		
Date Assigned:	02/17/2015	Date of Injury:	08/27/2014
Decision Date:	04/08/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/09/2015

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: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 33-year-old female who reported an injury on 08/27/2014. The mechanism of injury was due to cumulative trauma. Her diagnoses include cervical sprain/strain, right shoulder sprain/strain, and thoracic spine sprain/strain. Her past treatments included physical therapy, heat, ice, medications, acupuncture, and chiropractic care. On 12/23/2014, the injured worker complained of intermittent pain in her cervical spine rated 3/10; that radiates to her right shoulder and arm. The injured worker also complained of mild pain in her thoracic spine rated 3/10 that radiates up to her cervical spine. The physical examination of the cervical spine revealed range of motion with flexion at 40 degrees, extension at 20 degrees, bilateral flexion and bilateral rotation at 30 degrees. The injured worker was not indicated to have any instability, subluxation, or laxity. The injured worker was also noted to have abnormal paraspinal strength and tone. However, deep tendon reflexes were indicated to be within normal values. Physical examination of the right shoulder did not reveal any abnormalities with range of motion or atrophy. However, the injured worker had tenderness and spasms at the right scapula, with a positive impingement test noted. The examination of the thoracic spine revealed tenderness and spasm over the parascapular musculature bilaterally, with limited range of motion with pain. The treatment plan included acupuncture, chiropractic care, and physical therapy to improve range of motion, reduce pain, and strengthen the cervical spine and right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x4 cervical spine, right shoulder, thoracic spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The CA MTUS guidelines state 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 guidelines recommend a time to produce functional improvement of three to six treatments. The guidelines recommend a frequency of one to three times per week and a duration of one to two months. The injured worker was noted to have had 6 authorized acupuncture visits. However, there was a lack of documentation in regard to the exact number of completed sessions, along with documentation of objective functional improvement. There was also a lack of documentation to indicate the injured worker had pain medication that was reduced or was not tolerated, to indicate medical necessity for acupuncture. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Chiropractic 2x4 cervical spine, right shoulder, thoracic spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59.

Decision rationale: The California MTUS Guidelines recommend chiropractic manipulation for chronic pain if the pain is caused by musculoskeletal conditions. It is recommended for a trial treatment of 4- 6 visits with evidence of objective functional improvement prior to additional sessions. The injured worker was indicated to have had 6 authorized chiropractic sessions. However, there was a lack of documentation in regard to objective functional improvement from the completed sessions. Furthermore, there was a lack of documentation to indicate number of sessions completed to date. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Physical Therapy 2x4 Cervical spine, Right should, Thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC physical therapy for cervical strain (WAD).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: According to the CA MTUS guidelines, physical medicine may be recommended in the treatment of unspecified neuralgia, neuritis, and radiculitis at 8-10 visits over 4 weeks in order to promote functional improvement. The injured worker was indicated to have undergone physical therapy. However, there was a lack of documentation in regard to the number of sessions completed. There was also a lack of documentation in regard to objective functional improvement with the prior completed sessions. Furthermore, there was a lack of documentation and an unclear rationale to specify a self-home exercise program has been initiated or implemented. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.