

Case Number:	CM15-0029432		
Date Assigned:	02/23/2015	Date of Injury:	08/04/2014
Decision Date:	04/22/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/17/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 42-year-old male, who sustained an industrial injury on 08/04/2014. The diagnoses have included cervical, lumbar, left elbow, left wrist, right thigh, and right knee sprain/strain. Noted treatments to date have included acupuncture and physical therapy. No MRI report noted in received medical records. In a progress note dated 12/24/2014, the injured worker presented with complaints of constant, moderate to severe neck, low back, elbow, wrist, thigh, knee pain. The treating physician reported hypertonic muscles. Utilization Review determination on 01/27/2015 non-certified the request for Computerized Range of Motion of the Lower Extremities, Acupuncture 2 x 5 weeks, Orthopedic Consultation, and Chiropractic treatment 1 x 5 weeks citing Medical Treatment Utilization Schedule, American College of Occupational and Environmental Medicine and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computerized range of motion of the lower extremities: 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 Pain Outcomes and Endpoints Page(s): 8.

Decision rationale: The MTUS Guidelines generally encourage follow up care when needed to maximize the worker's function. Assessing the worker's pain and other symptoms, determining the worker's functional abilities, evaluating physical findings, and measuring joint ranges of motion are some components of a routine evaluation. The submitted and reviewed documentation contained no discussion sufficiently supporting the need for range of motion testing separate from the worker's routine follow up care. In the absence of such evidence, the current request for computerized leg range of motion testing is not medically necessary.

Acupuncture, 2 times a week for 5 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Guidelines recommend the use of acupuncture when pain medication is not tolerated or can be reduced with this treatment. It can also be used alongside rehabilitation and/or surgery to speed recovery. Some accepted goals include a decreased pain level, improved nausea caused by pain medications, increased range of joint motion, improved relaxation with anxiety, and reduced muscle spasms. Acupuncture treatment can include the use of electrical stimulation. Functional improvement is expected within three to six treatments. The Guidelines support having acupuncture treatments one to three times per week for up to one to two months. The submitted and reviewed documentation indicated the worker was experiencing pain in the neck, lower back, elbow, wrist, thigh, and knee. These records report the worker had slow improvement after twelve acupuncture sessions. There was no discussion suggesting an issue with pain medication, indicating the worker would have rehabilitation alongside this therapy, suggesting the goals of this additional treatment, or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for ten sessions of acupuncture done twice weekly for five weeks is not medically necessary.

Orthopedic consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 6, page 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8.

Decision rationale: The MTUS Guidelines generally encourage follow up care when needed to maximize the worker's function. The submitted and reviewed records indicated the worker was experiencing pain in the neck, lower back, elbow, wrist, thigh, and knee. There was no discussion describing prior treatments, documenting a thorough pain assessment, detailing the

reason this consultation would be helpful in this situation, or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a consultation with an orthopedic specialist is not medically necessary.

Chiropractic treatment, 1 time a week for 5 weeks: 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): 58-60.

Decision rationale: The MTUS Guidelines recommend chiropractic care for chronic pain that is due to musculoskeletal conditions. However, this treatment is not recommended for treatment of the ankle and foot, carpal tunnel syndrome, the forearm, the wrist and hand, or the knee. When this treatment is recommended, the goal is improved symptoms and function that allow the worker to progress in a therapeutic exercise program and return to productive activities. An initial trial of six visits over two weeks is supported. If objective improved function is achieved, up to eighteen visits over up to eight weeks is supported. The recommended frequency is one or two weekly sessions for the first two weeks then weekly for up to another six weeks. If the worker is able to return to work, one or two maintenance sessions every four to six months may be helpful; the worker should be re-evaluated every eight weeks. The documentation must demonstrate improved function, symptoms, and quality of life from this treatment. Additional sessions beyond what is generally required may be supported in cases of repeat injury, symptom exacerbation, or comorbidities. The worker should then be re-evaluated monthly and documentation must continue to describe functional improvement. The submitted and reviewed documentation indicated the worker was experiencing pain in the neck, lower back, elbow, wrist, thigh, and knee. These records did not address the amount or results of prior chiropractic care, if any had occurred. There was no discussion detailing functional issues, the goals of this therapy, or why this type of treatment was likely to be of benefit. In the absence of such evidence, the current request for five sessions of chiropractic care done weekly for five weeks is not medically necessary.