

<b>Case Number:</b>	CM15-0029609		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	04/05/2012
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: California

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 40-year-old female, who sustained an industrial injury on April 5, 2012. She reported cumulative trauma injury involving triggering of her right long and ring fingers. The injured worker was diagnosed as having chronic soft tissue overload syndrome of the right upper extremity manifested by triggering of the long and ring fingers and carpal tunnel syndrome. Treatment to date has included corticosteroid injections, modified work duties, trigger finger releases, and EMG studies. Currently, the injured worker complains of continued neck pain with numbness and tingling, low back pain, which she describes as stabbing, throbbing, right and left shoulder pain and right wrist pain. Her treatment plan included acupuncture and chiropractic therapy of the right wrist in conjunction with medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic therapy 2 x 6 for the cervical spine and right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chiropractic Guidelines - Regional Neck Pain.

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

**Decision rationale:** Based on the 12/03/14 progress report provided by treating physician, the patient presents with neck pain with tingling and numbness rated 5/10 and right shoulder pain rated 7/10. The request is for chiropractic therapy 2x6 for the cervical spine and right shoulder. RFA not provided. Patient's diagnosis on 01/13/15 included cervical pain and right shoulder pain. Physical examination to the cervical spine on 12/03/14 revealed decreased range of motion, especially on left rotation 50 degrees, and pain on compression test. Examination of the right shoulder revealed decreased range of motion, especially on flexion and abduction 160 degrees, and pain on shoulder apprehension test and supraspinatus press. Patient's medications include Naproxen, Pantoprazole and Cyclobenzaprine. Patient may return to modified work, per treater report dated 01/13/15. MTUS Guidelines, pages 58-59, chronic pain medical treatment guidelines: Manual therapy & manipulation recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. Treater has not provided reason for the request. Given patient's continued symptoms, diagnosis, and no reference to a recent course of chiropractic care, a short course would be indicated by guidelines. However, UR letter dated 02/04/15 states "patient has completed 16 sessions of chiropractic." Treater has not provided documentation of objective functional improvement, decrease in pain and improvement of quality of life, re-injury, and exacerbation of symptoms to warrant additional visits, as required by MTUS, to warrant additional visits. Furthermore, the current request for 12 sessions exceeds what is allowed by MTUS. Therefore, the request is not medically necessary.

**Acupuncture 2 x 6 for the cervical spine and right shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

**Decision rationale:** Based on the 12/03/14 progress report provided by treating physician, the patient presents with neck pain with tingling and numbness rated 5/10 and right shoulder pain rated 7/10. The request is for acupuncture, 2x6 for the cervical spine and right shoulder. RFA not provided. Patient's diagnosis on 01/13/15 included cervical pain and right shoulder pain. Physical examination to the cervical spine on 12/03/14 revealed decreased range of motion, especially on left rotation 50 degrees, and pain on compression test. Examination of the right shoulder revealed decreased range of motion, especially on flexion and abduction 160 degrees, and pain on shoulder apprehension test and supraspinatus press. Patient's medications include Naproxen, Pantoprazole and Cyclobenzaprine. Patient may return to modified work, per treater report dated 01/13/15. 9792.24.1 Acupuncture Medical Treatment Guidelines MTUS pg. 13 of 127 states: "(i) Time to produce functional improvement: 3 to 6 treatments (ii) Frequency: 1 to 3

times per week (iii) Optimum duration: 1 to 2 months. (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." Treater has not provided reason for the request. UR letter dated 02/04/15 states "patient has completed 13 sessions of acupuncture." MTUS requires documentation of functional improvement, defined by labor code 9792.20(e) as significant change in ADL's, or change in work status AND reduced dependence on other medical treatments. MTUS recommends 1-2 months of treatments when functional improvement has been documented. Additional acupuncture cannot be warranted without required documentation. Furthermore, the request for 12 sessions would exceed what is allowed by guidelines. Therefore, the request is not medically necessary.