

Case Number:	CM15-0031503		
Date Assigned:	02/24/2015	Date of Injury:	06/24/2014
Decision Date:	04/10/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/19/2015

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 38 year old female, who sustained an industrial injury on 5/24/2014. The diagnoses have included lesion of ulnar nerve, carpal tunnel syndrome, articular cartilage disorder, shoulder region, other specified disorders of bursae and tendons in shoulder region, and sprain of neck. Treatment to date has included conservative measures. Currently, the injured worker complains of neck pain, rated 3/10, left shoulder pain with radiation to both hands, rated 4/10, and low back pain, rated 4/10. The PR2 report, dated 1/08/2015, was handwritten and difficult to read. Exam of the cervical spine noted 75% of full range of motion with pain, chin to shoulders. A left shoulder injection was given. Current medications were not noted. Treatment plan included chiropractic and additional acupuncture. Previous acupuncture was documented as beneficial, with reduction in pain and increase in range of motion. Specific dates/results of treatment were not noted. Magnetic resonance imaging of the left shoulder, 10/17/2014, noted mild tendinosis of the distal left supraspinatus tendon. Magnetic resonance imaging of the cervical spine, 10/17/2014, noted no significant disc protrusion or stenosis. On 1/16/2015, Utilization Review non-certified a request for chiropractic 2x6, cervical spine and left shoulder, noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines, and non-certified a request for acupuncture 2x6, cervical spine and left shoulder, citing MTUS Acupuncture Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro/physio 2 x 6 - Cervical spine and Left shoulder: Overturned

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

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

Decision rationale: According to the 01/08/2015 hand written report, this patient presents with constant sharp neck pain and 6/10 constant left shoulder pain. The current request is for Chiro/physio 2 x 6 - Cervical spine and Left shoulder. The request for authorization is on 01/08/2015. The patient's work status is return to modified work on 01/08/2015. Regarding chiropractic manipulation, MTUS 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. The MTUS guidelines further state, "A Delphi consensus study based on this meta-analysis has made some recommendations regarding chiropractic treatment frequency and duration for low back conditions. They recommend an initial trial of 6-12 visits over a 2-4 week period, and, at the midway point as well as at the end of the trial, there should be a formal assessment whether the treatment is continuing to produce satisfactory clinical gains." In reviewing the medical reports provided does not show prior chiropractic care or discussions thereof. The treating physician states the patient constant sharp neck pain and 6/10 constant left shoulder pain. In this case, the provided records do not show that an initial trial of chiropractic has been initiated. An initial trial of chiropractic care is medically necessary. The current request for a trial of 12 chiropractic sessions is supported by the MTUS guidelines. Therefore, the request IS medically necessary.

Acupuncture 2 x 6 - Cervical spine and Left shoulder: Upheld

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

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

Decision rationale: According to the 01/08/2015 hand written report, this patient presents with constant sharp neck pain and 6/10 constant left shoulder pain. The current request is for Acupuncture 2 x 6 - Cervical spine and Left shoulder. The request for authorization is on 01/08/2015. The patient's work status is return to modified work on 01/08/2015. The Utilization Review denial letter states there was no documentation with evidence of functional improvement with previous acupuncture to indicate the need for additional acupuncture. In the absence of appropriate documentation, the request is not supported. For acupuncture, MTUS Guidelines page 8 recommends acupuncture for pain suffering and restoration of function. Recommended frequency and duration is 3 to 6 treatments to produce functional improvement, with optimal

duration of 1 to 2 months. Review of the provided reports does not show prior acupuncture treatments and it is not known whether or not the patient has had acupuncture in the past. In this case, it may be reasonable to provide an initial trial of 3 to 6 treatments to produce functional improvement. However, the treating physician is requesting for 12 sessions of acupuncture which exceed what the guidelines recommendation for an initial trial. The request IS NOT medically necessary.