

Case Number:	CM15-0058468		
Date Assigned:	04/03/2015	Date of Injury:	11/12/2013
Decision Date:	05/05/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/27/2015

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, 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:

The injured worker is a 48 year old female, who sustained an industrial injury on 11/12/13. The injured worker has complaints of left shoulder pain radiating to left hand and fingers with numbness and tingling. She complains of left wrist pain with numbness, tingling and weakness and left hand pain with numbness, tingling and weakness. The injured worker has complaints of constant severe sharp eye pain in both eyes. The diagnoses have included left shoulder calcific tendinitis; left shoulder tenosynovitis; left wrist sprain/strain and left hand joint pain. Treatment to date has included nerve conduction study of the lower extremities; electromyogram of the upper extremities; Magnetic resonance imaging of the left elbow, left hand and wrist; physical therapy and injections. The request was for chiropractic treatment 2 times a week for 6 weeks for the left upper extremity and acupuncture treatment 2 times a week for a week for 6 weeks for the left upper extremity. 4 sessions of chiropractic for the shoulder, hand, and wrist were authorized in April of 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 2 times a week for 6 weeks for the left upper extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 58-60 of 127.

Decision rationale: Regarding the request for chiropractic care, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. They also note that treatment is not recommended for the forearm, wrist, and hand. Within the documentation available for review, there is no indication of functional improvement from the prior sessions and chiropractic is not recommended for the forearm, wrist, and hand per the CA MTUS. In light of the above issues, the currently requested chiropractic care is not medically necessary.

Acupuncture treatment 2 times a week for 6 weeks for the left upper extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, while a trial of acupuncture is supported in the management of chronic pain, the current request exceeds the 6-visit trial recommended by guidelines and, unfortunately, there is no provision to modify the current request. As such, the currently requested acupuncture is not medically necessary.