

Case Number:	CM14-0045352		
Date Assigned:	06/30/2014	Date of Injury:	03/04/2008
Decision Date:	08/19/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	04/01/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 68-year-old female who was reportedly injured on March 4, 2006. The mechanism of injury is not listed in the records provided for review. The most recent progress note dated favorite 13th 2014, indicates that there are ongoing complaints of neck pain, right upper extremity pain, and left wrist pain. The physical examination demonstrated cervical spine facet tenderness and decreased sensation on the right at the C6 dermatomal distribution. There was tenderness over the right-sided cervical trapezial ridge. Right shoulder examination noted a positive impingement signs and decreased range of motion. There was tenderness at the acromioclavicular joint. Examination of the right elbow noted a positive Tinel's test. Plan for treatment included additional chiropractic care for the cervical spine and right shoulder as well as continuing use of a transcutaneous electrical nerve stimulation unit, ibuprofen, acupuncture and topical creams. Diagnostic imaging of the cervical spine reported focal disc protrusions at C3/C4, C4/C5, and C5/C6 which abut the thecal sac. A Magnetic resonance image the right shoulder demonstrated partial thickness tear of the supraspinatus tendon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic sessions x 12 cervical: Upheld

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

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

Decision rationale: According to the medical record the injured employee has had previous chiropractic therapy however there is no objective documentation of improvement from this prior chiropractic treatment. Without this information, justification for future chiropractic treatment cannot be made. This request for 12 sessions of chiropractic care for the cervical spine is not medically necessary.

Acupuncture sessions 2 x 6 cervical: Upheld

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

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): 13.

Decision rationale: According to the California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines acupuncture is to be used as an option when pain medication is reduced or not tolerated or as an adjunct for physical rehabilitation to help hasten recovery. The medical record does not indicate that the injured employee has had their pain medications reduced or they are not tolerated nor is there any documentation that she is currently participating in physical rehabilitation program. For these reasons this request for acupuncture sessions twice a week for six weeks for the cervical spine is not medically necessary.