MAXIMUS Federal Services

Case Number:	CM15-0018376		
Date Assigned:	02/06/2015	Date of Injury:	12/01/2012
Decision Date:	03/25/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	01/30/2015

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: Massachusetts
Certification(s)/Specialty: Anesthesiology, 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 56 year old female, who sustained an industrial injury on December 1, 2012. The diagnoses have included right shoulder impingement and cervical sprain/strain. Treatment to date was not included in medical record dated January 22, 2015. Currently, the injured worker complains of neck pain right side. In a progress note dated January 22, 2015, the treating provider reports decreased range of motion to right shoulder, the medical record is handwritten and not all of it is legible. On January 29, 2015 Utilization Review non-certified a chiropractic sessions two times six (right shoulder, cervical), and acupuncture session two time six (right shoulder, cervical) noting Medical Treatment Utilization Schedule Guidelines was cited.

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 right shoulder and cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

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

Decision rationale: According to the MTUS section on manual therapy and manipulation, manual therapy is recommended for chronic pain if caused by musculoskeletal conditions. And initial trial of six visits over two weeks is advised. Further sessions, up to a total of 18 visits, are appropriate with evidence of objective functional improvement. According to the documents available for review the claimant has previously undergone multiple session of chiropractic care without measurable improvement. Further session require evidence of functional improvement. Such improvement has not been documented. Therefore at this time the requirements for treatment have not been met, and medical necessity has not been established.

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

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture Medical Treatment Guidelines Page(s): 8.

Decision rationale: Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and or surgical intervention to hasten is a functional recovery. Time to produce functional improvement is 3 to 6 treatments, frequency 1 to 3 times per week, optimum duration 1 to 2 months. Acupuncture treatments may be extended a functional improvement is documented. In the documentation submitted for review, there is no evidence that pain medication will be reduced or is not currently being tolerated. therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.