

Case Number:	CM15-0113659		
Date Assigned:	06/22/2015	Date of Injury:	12/10/2013
Decision Date:	07/28/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/12/2015

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, Hawaii

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 39 year old female who sustained a work related injury December 10, 2013. According to a physician's encounter dated May 8, 2015, the injured worker presented for follow-up of neck and shoulder pain. She reports improvement in symptoms with pain, psych, and chiropractic sessions, and she has reduced her Lidoderm patch use. Physical examination of the musculoskeletal system revealed a normal gait and posture. She uses gabapentin and Nortriptyline for neuropathic pain, tramadol for pain episodes, nabumetone for inflammatory pain and Lidoderm patches. She continues to report muscle pain and spasms and inquires about acupuncture treatment. Diagnoses are degeneration of cervical intervertebral disc; shoulder pain; pain in upper limb. Treatment plan included request for authorization for chiropractic therapy and acupuncture therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy, twice weekly, right shoulder, per 05/08/2015 order, Qty: 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59. Decision based on Non-MTUS Citation ODG, Shoulder, Manipulation.

Decision rationale: The patient presents with shoulder pain on the right, neck pain and pain affecting the right upper extremity. The current request is for Chiropractic therapy, twice weekly, right shoulder, per 5/8/15 order, Qty 6. The treating physician report dated 5/8/15 (13b) states, "Patient notes improvement in symptoms with pain psych and chiropractic sessions and has helped reduce her Lidoderm patches use. She requests additional chiro and psych sessions today and inquires about acupuncture. I am recommending a short course of acupuncture for myofascial pain relief". The MTUS guidelines do support chiropractic care of the spine, however the guidelines do not discuss chiropractic care of the shoulder. The ODG guidelines do support chiropractic care of the shoulder and state that 9 visits over 8 weeks is acceptable. In this case, the treating physician has stated that the patient has previously received chiropractic sessions and does not discuss the quantity previously received. There is no documentation of a new injury or diagnosis that requires acute care protocols for manipulation. The current request is not medically necessary.

Acupuncture therapy, twice weekly, right shoulder, per 05/08/2015 order Qty: 6:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient presents with shoulder pain on the right, neck pain and pain affecting the right upper extremity. The current request is for Acupuncture therapy, twice weekly, right shoulder, per 5/8/15 order, Qty 6. The treating physician report dated 5/8/15 (13b) states, "Patient notes improvement in symptoms with pain psych and chiropractic sessions and has helped reduce her Lidoderm patches use. She requests additional chiro and psych sessions today and inquires about acupuncture. I am recommending a short course of acupuncture for myofascial pain relief". The Acupuncture Medical Treatment Guidelines do recommend 3-6 visits when medication is not controlling pain. In this case, the treating physician has documented that the patient is suffering with chronic right shoulder pain that is not controlled with medication and is requesting an initial trial of acupuncture treatment. The current request is medically necessary and is supported by the AMTG.