

Case Number:	CM15-0122778		
Date Assigned:	07/07/2015	Date of Injury:	12/02/2013
Decision Date:	07/31/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/25/2015

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, Minnesota

Certification(s)/Specialty: Chiropractor

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 54-year-old female, who sustained an industrial injury on 12/2/2013. The mechanism of injury is unknown. The injured worker was diagnosed as having shoulder dysfunction, cervical sprain and lumbar disc disease. There is no record of a recent diagnostic study. Treatment to date has included 8 sessions of physical therapy, 4 sessions of aqua therapy, 6 sessions of acupuncture and medication management. In a progress note dated 3/20/2015, the injured worker complains of low back pain with bilateral lower extremity radiculopathy rated 7/10 and neck/shoulder pain rated 9/10. Physical examination showed lumbar tenderness and spasms with range of motion. The treating physician is requesting outpatient manual therapy for 6 sessions and cupping therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient manual therapy 3 times a week over 2 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines Page(s): 7, 30.

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

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the low back is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor has requested outpatient manual therapy 3 times per week over 2 weeks. This request for treatment is within the above guidelines and therefore the treatment is medically necessary and appropriate.

Cupping therapy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 13 Knee Complaints Page(s): 7, 30.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98&99.

Decision rationale: According to the MTUS Chronic Pain Guidelines above, physical medicine (cupping) is recommended as indicated in the passive therapy section. The therapy can provide short term relief during the early phases of treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of soft tissue injuries. The cupping is being used in conjunction with manual therapy or manipulation and may help in the early stages of this flare up. The request appears to be within the above guidelines and therefore the treatment is medically necessary and appropriate.