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| Case Number: | CM15-0126541 | | |
| Date Assigned: | 07/02/2015 | Date of Injury: | 01/30/2014 |
| Decision Date: | 08/07/2015 | UR Denial Date: | 06/08/2015 |
| Priority: | Standard | Application Received: | 06/23/2015 |

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: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 47 year old female sustained an industrial injury on 1/30/14. She subsequently reported multiple areas of pain. Diagnoses include headaches, right shoulder sprain/ strain and bursitis and bilateral elbow sprain/ strain. Treatments and diagnostics to date include x-ray and MRI testing and prescription medications. The injured worker continues to experience right shoulder, bilateral elbow, wrist, hand and knee pain. Upon examination, there is tenderness to palpation at the medial and lateral joint line and the patellofemoral joint bilaterally, right subacromial and supraspinatus with medial epicondyles, ulnar groove and carpal bones, thenar eminence and plantar fascia. Range of motion was reduced in the bilateral knees, bilateral elbows, bilateral feet, bilateral knees and right shoulder. Mill's sign was positive bilaterally. A request for Chiropractic 3 times per week for 6 weeks to right shoulder, bilateral elbow, wrist, knee, and feet and Acupuncture 3 times per week for 6 weeks to right shoulder, bilateral elbow, wrist, knee, and feet was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 3 times per week for 6 weeks to right shoulder, bilateral elbow, wrist, knee, and feet: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205, Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (Web), 2014, Shoulder (Acute & Chronic); Elbow (Acute & Chronic).

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

Decision rationale: Per the MTUS guidelines, manual therapy & manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. The MTUS guidelines do not recommend manipulation for the knee, foot and wrist. In addition, the request for the remainder of the body parts for which chiropractic treatments may be supported for exceeds the amount recommended by the MTUS guidelines. Per the MTUS guidelines, time to produce effect is 4 to 6 treatments at which time additional treatments may be considered if functional improvement has been achieved. The request for Chiropractic 3 times per week for 6 weeks to right shoulder, bilateral elbow, wrist, knee, and feet is not medically necessary and appropriate.

Acupuncture 3 times per week for 6 weeks to right shoulder, bilateral elbow, wrist, knee, and feet: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, Acupuncture Treatment Guidelines.

Decision rationale: The MTUS acupuncture medical treatment guidelines state that acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Time to produce functional improvement is 3 to 6 treatments. CA MTUS ACOEM guidelines with regards to the shoulder state that some small studies have supported using acupuncture, but referral is dependent on the availability of experienced providers with consistently good outcomes. While a short course of acupuncture treatments may be supported to determine efficacy, the request for 18 sessions exceeds the amount recommended by the MTUS guidelines and modification cannot be rendered in this review. The request for Acupuncture 3 times per week for 6 weeks to right shoulder, bilateral elbow, wrist, knee, and feet is not medically necessary and appropriate.

