

Case Number:	CM15-0174150		
Date Assigned:	09/16/2015	Date of Injury:	07/28/2014
Decision Date:	10/19/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	09/03/2015

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: Arizona, 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 37 year old man sustained an industrial injury on 7-28-2014. The mechanism of injury is not detailed. Diagnoses include cervical radiculopathy, shoulder tendonitis-bursitis, and wrist tendinitis-bursitis. Treatment has included oral medications. Physician notes dated 3-2-2015 show complaints of cervical spine pain. the physical examination shows spasm and tenderness to the paravertebral musculature of the cervical spine as well as guarding and loss of range of motion, decreased sensation tot eh C5 dermatome, right shoulder impingement and Hawkins sign, flexion and abduction are less than 100 degrees, right wrist positive Phalen and reverse Phalen signs, decreased grip strength, distal radial tenderness, and decreased two point discrimination noted over the hand. Recommendations include continue medication regimen, continue work restrictions, continue conservative management, cervical spine MRI, neurodiagnostic testing, physical therapy, and follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy sessions to the cervical spine to right shoulder, 3 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care, Activity Modification, Work Activities, Summary, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: In this case, the claimant has undergone over 6 sessions of physical therapy in the past. There have been requests for 12 additional therapy sessions in January 2015, March and July 2015. The amount of additional therapy completed and therapeutic response is unknown. There is no indication that therapy cannot be completed at home. The additional 12 sessions of therapy exceed the guidelines limit and is not medically necessary.

12 acupuncture sessions to the cervical spine to right shoulder, 3 times a week for 4 weeks:
Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

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 functional recovery. Time to produce functional improvement: 3 to 6 treatments. In this case, the claimant has already undergone therapy and numerous interventions over the years. The 12 sessions of acupuncture requested exceed the guidelines recommendations. The request for 12 sessions of acupuncture is not medically necessary.

12 chiropractic therapy sessions to the cervical spine to right shoulder, 3 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: According to the MTUS guidelines, Chiropractic therapy is considered manual therapy. It is recommended for chronic musculoskeletal pain. For Low back pain, therapeutic care is for 6 visits over 2 weeks with functional improvement up to a maximum of 18 visits over 8 weeks. The therapeutic benefit of the modalities was not specified. As a result, additional chiropractor therapy is not necessary. In this case, the claimant has already undergone therapy. Chiropractor therapy is not recommended for the shoulder. Initial response to intervention over 6 visits is unknown to warrant 12 sessions. The request for the amount and location of chiropractor intervention is not medically necessary.