

Case Number:	CM15-0025718		
Date Assigned:	02/18/2015	Date of Injury:	01/31/2012
Decision Date:	04/03/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/10/2015

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: Physical Medicine & Rehabilitation, 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 January 31, 2012. There was no mechanism of injury documented. There was no documented past surgical interventions. The injured worker was diagnosed with repetitive strain syndrome, chronic impingement syndrome right shoulder and cervical dysfunction. According to the primary treating physician's progress report on January 23, 2015 the injured worker continued to have neck and right shoulder pain. On examination the injured worker had neck pain with rotation, flexion and extension and right shoulder tenderness. Current medications were not documented. Recent treatment modalities consist of physical therapy with review of cervical exercises which the injured worker felt was of marginal benefit and acupuncture therapy. The treating physician requested authorization for Physical Therapy, twice a week for six (6) weeks: 12 sessions; Acupuncture Therapy, six (6) weeks; Chiropractic Therapy, six (6) weeks. On January 29, 2015 the Utilization Review denied certification for Physical Therapy; twice a week for six (6) weeks: 12 sessions; Acupuncture Therapy; six (6) weeks; Chiropractic Therapy six (6) weeks. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines, Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy; two (2) per week for six (6) weeks = 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, ODG-TWC Neck & Upper Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant is more than 3 years status post work-related injury and continues to be treated for chronic neck and right shoulder pain. Treatments have included physical therapy with limited benefit and acupuncture. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended and therefore not medically necessary. Additionally, the claimant has already had physical therapy. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and is not medically necessary.

Acupuncture; six(6) weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The claimant is more than 3 years status post work-related injury and continues to be treated for chronic neck and right shoulder pain. Treatments have included physical therapy with limited benefit and acupuncture. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented. In this case, the claimant has already had acupuncture treatments without evidence of functional improvement. Therefore, the requested continuation of acupuncture treatment is not medically necessary.

Chiropractic; six (6) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation, p58-59 Page(s): 58-59.

Decision rationale: The claimant is more than 3 years status post work-related injury and continues to be treated for chronic neck and right shoulder pain. Treatments have included physical therapy with limited benefit and acupuncture. Chiropractic treatment is recommended

for chronic pain if caused by musculoskeletal conditions with a trial of 6 visits with treatment beyond 4-6 visits with documented objective improvement in function. In this case, treatment for 6 weeks is requested with the total number of treatments not specified. Therefore, the request is not medically necessary.