MAXIMUS Federal Services

Case Number:	CM15-0028280		
Date Assigned:	02/20/2015	Date of Injury:	02/19/2014
Decision Date:	04/02/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/16/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 36-year-old [redacted] beneficiary who has filed a claim for chronic wrist, hand, neck, elbow, and arm pain reportedly associated with an industrial injury of February 19, 2014.In a Utilization Review Report dated February 3, 2015, the claims administrator failed to approve requests for manipulative therapy and acupuncture. The claims administrator referenced an RFA form received on January 27, 2015, in its determination. The claims administrator contended that the applicant had received eight sessions of earlier acupuncture, 15 sessions of physical therapy, and 12 sessions of manipulative therapy through this point in time. The applicant's attorney subsequently appealed. On January 16, 2015, the applicant reported multifocal complaints of wrist, hand, elbow, neck, and low back pain, reportedly attributed to cumulative trauma at work. The applicant had developed issues with depression, it was incidentally noted. The applicant was apparently placed off of work, on total temporary disability. Manipulative therapy, acupuncture, an internal medication consultation, and an orthopedic surgery consultation were endorsed via an RFA form dated January 27, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 x 6 for cervical spine and right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.26 MTUS (Effective July 18, 2009) Page 58-60 of 127.

Decision rationale: No, the request for 12 sessions of chiropractic manipulative therapy for the cervical spine and wrist was not medically necessary, medically appropriate, or indicated here. As noted on page 58 of the MTUS Chronic Pain Medical Treatment Guidelines, chiropractic manipulative therapy is not recommended for the wrist, one of the body parts at issue here. It was further noted that the applicant has already received extensive prior chiropractic manipulative therapy over the course of the claim, despite the unfavorable MTUS position for the body part at issue. The applicant has, it is further noted, failed to profit from the earlier manipulative treatment. The applicant was/is off of work, on total temporary disability, despite receipt of the same. While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of chiropractic manipulative therapy in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status. In this case, however, the applicant was/is off of work, on total temporary disability. Therefore, the request was not medically necessary.

Acupuncture 2 x 3 for cervical spine and right wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Similarly, the request for six sessions of acupuncture was likewise not medically necessary, medically appropriate, or indicated here. The request in question was a request for extension of previously approved acupuncture, it had been established. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.d acknowledge that acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20f, in this case, however, the applicant had seemingly failed to profit from earlier acupuncture treatment. In this case, however, he applicant was/is off of work, on total temporary disability, despite receipt of earlier acupuncture over the course of the claim, suggesting a lack of functional improvement as defined in section 9792.20f. Therefore, the request for additional acupuncture was not medically necessary.