

Case Number:	CM15-0033408		
Date Assigned:	02/26/2015	Date of Injury:	12/08/2011
Decision Date:	04/13/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/23/2015

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: Physical Medicine & Rehabilitation

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 35-year-old female, who sustained an industrial injury on December 8, 2011. The injured worker had sustained a right upper extremity injury. The diagnoses have included complex regional pain syndrome of the right arm, chronic right arm and neck pain, right wrist strain and myofascial pain. Treatment to date has included medications, electrodiagnostic studies, a hand support, heat, massage, a home exercise program, chiropractic treatment and acupuncture treatment. Current documentation dated January 13, 2015 notes that the injured worker complained of right upper extremity pain with stiffness of the right side of the neck and fingers. Physical examination of the right upper extremity revealed painful and restricted range of motion. Examination of the cervical spine revealed tightness and tenderness of the paraspinal and trapezius muscles. The documentation notes that the injured worker had some relief in symptoms from heat, massage, acupuncture and chiropractic treatments. On February 6, 2015 Utilization Review non-certified a request for acupuncture treatments times eight and acupuncture treatments times eight. The MTUS, ACOEM Guidelines and the Official Disability Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 8: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Acupuncture of the hand, wrist, upper extremities.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: Per the 01/13/15 report the patient presents with right upper extremity pain with stiffness of the right side of the neck and fingers. The current request is for acupuncture x 8. The RFA is not included. The 02/06/15 utilization review states the RFA is dated 01/21/14. The 02/10/15 report states the patient is to return to full duty on 02/10/15.9792.24.1. Acupuncture Medical Treatment Guidelines. MTUS pg. 13 of 127 states: "(i) Time to produce functional improvement: 3 to 6 treatments (ii) Frequency: 1 to 3 times per week (iii) Optimum duration: 1 to 2 months. (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20 (e)." The treater notes on 01/13/15 that pain is relieved by heat, acupuncture and chiro and requests a re-order of ongoing Acupuncture treatment. On 07/01/14 the treater states the patient has not received acupuncture treatment for an unknown number of months and a course of treatment of 6 total visits were requested. On 08/19/14 the treater states 2-3 visits remained and that treatment was ongoing from 10/21/14 to 01/13/15. Four acupuncture treatment reports are provided from 07/08/14 to 09/08/14. The total number of visits received is not clear. The utilization review states that "extensive" prior visits were received but does not reference the number or dates. The acupuncture reports provided for review for treatment of upper back/interscapular region and hand repeatedly state, "The patient demonstrates near complete recovery symptomatically and functionally." As of 01/13/15 the treater provides clinical evidence of continued upper extremity, neck and hand pain rated 3-5/10. A trial of at least 6 acupuncture visits has provided evidence of functional improvement for this patient and guidelines allow additional sessions. There is no evidence that more than 6 sessions were completed. The request is medically necessary.

Chiropractic x 8: 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 and Manipulation Page(s): 58-59.

Decision rationale: Per the 01/13/15 report, the patient presents with right upper extremity pain with stiffness of the right side of the neck and fingers. The current request is for chiropractic x 8. The RFA is not included. The 02/06/15 utilization review states the RFA is dated 01/21/14. The 02/10/15 report states the patient is to return to full duty on 02/10/15. MTUS Manual Therapy and Manipulation guidelines pages 58 and 59 state that treatment is "recommended for chronic pain if caused by musculoskeletal conditions." MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is

achieved, then 1 to 2 visits every 4 to 6 months. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. For manual therapy, the MTUS guidelines on page 59 states, "Delphi recommendations in effect incorporate two trials with a total of up to 12 visits with a re-evaluation in the middle, before also continuing up to 12 more visits (for a total of up to 24)." The treater notes on 01/13/15 that pain is relieved by heat, acupuncture and chiro and requests a re-order of ongoing Acupuncture treatment. On 07/01/14 the treater states the patient has not received chiropractic treatment for an unknown number of months and a course of treatment of 6 total visits were requested. On 08/19/14 the treater states that chiro was restarted and the treatment is noted to be ongoing until 01/13/15 when continued sessions are requested. It is unknown how many sessions were completed and no chiropractic treatment reports are included for review. The utilization review states that "extensive" prior visits were received but does not reference the number or dates. In this case, it appears the patient has completed a trial of at least 6 chiropractic visits. However, the general statement that the patient pain is "somewhat" improved does not document objective functional improvement as required. The request is not medically necessary.