

Case Number:	CM15-0069979		
Date Assigned:	04/17/2015	Date of Injury:	04/07/2013
Decision Date:	05/19/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	04/13/2015

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 38-year-old [REDACTED] beneficiary who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of April 7, 2013. In a Utilization Review report dated March 12, 2015, the claims administrator failed to approve requests for acupuncture and manipulative therapy for the shoulder. A RFA form received on February 15, 2015 and a progress note of February 17, 2015 were referenced in the determination. A variety of MTUS and non-MTUS Guidelines were also invoked. The applicant's attorney subsequently appealed. On November 20, 2014, the applicant was placed off of work, on total temporary disability. Twelve sessions of physical therapy and 12 sessions of acupuncture were proposed. The applicant was status post earlier epidural steroid injection therapy, it was acknowledged. The applicant was given prescriptions for naproxen, Norco, Xanax, Prilosec, Terocin, and several topical compounded medications. On February 17, the applicant was again placed off of work, on total temporary disability, owing to multifocal complaints of neck and shoulder pain with derivative complaints of psychological stress and sleep disturbance. Norco, Soma, naproxen, Prilosec, epidural steroid injection therapy, 12 sessions of acupuncture, and 12 sessions of manipulative therapy were endorsed while the applicant was kept off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 6 weeks left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: No, the request for 12 sessions of acupuncture for the shoulder is not medically necessary, medically appropriate, or indicated here. The request in question does represent a renewal or extension request for acupuncture. 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, there was no evidence of the applicant's having effected any functional improvement as defined in section 9792.20f with earlier acupuncture treatment. The applicant remained off of work, on total temporary disability, it was acknowledged on the February 17, 2015 progress note at issue. The applicant remained dependent on a variety of analgesic medications, including several topical compounds, Norco, Soma, and naproxen. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of earlier acupuncture in unspecified amounts over the course of the claim.

Chiropractic 2 times a week for 6 weeks left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 201-205, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 59-60.

Decision rationale: Similarly, the request for 12 sessions of chiropractic manipulative therapy was likewise not medically necessary, medically appropriate, or indicated here. While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of 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 off of work on the February 17, 2015 progress note in question, despite receipt of earlier chiropractic manipulative therapy in unspecified amounts over the course of the claim. Therefore, the request is not medically necessary.