

Case Number:	CM15-0073602		
Date Assigned:	04/23/2015	Date of Injury:	02/22/2011
Decision Date:	07/15/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/17/2015

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 42 year old female, who sustained an industrial injury on 02/22/2011. Initial complaints and diagnosis were not clearly documented. On provider visit dated 02/16/2015 the injured worker has reported neck and upper extremity issues. On examination there was some trapezial tenderness noted and some spasm in the upper back with radiation to the shoulders. Examination revealed limited information. The diagnoses have included cervical spine significant spasm, right shoulder impingement, left shoulder impingement and left elbow lateral epicondylitis. Treatment to date has included injections, acupuncture and medication. There was no evidence of measurable functional improvement noted with previous acupuncture session. The provider requested chiropractic 12 session neck and upper extremities and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 12 sessions neck and upper extremities: Upheld

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

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

Decision rationale: The claimant sustained a work injury in February 2011 and continues to be treated for neck and upper extremity pain. When seen, there had been improvement with acupuncture treatments and she had been able to discontinue some medications with decreased pain and improved range of motion. Physical examination findings included trapezius muscle tenderness and upper back spasms radiating to the shoulders. Medications were refilled. Chiropractic care is recommended as an option in the treatment of chronic pain. Guidelines recommend a trial of 6 visits over 2 weeks with further treatment considered if there is objective evidence of functional improvement and with a total of up to 18 visits over 6-8 weeks. In this case, the number of initial treatment sessions requested is in excess of the guideline recommendation and not medically necessary.

Acupuncture 1 xWk x 4Wks neck and upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Manipulation.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The claimant sustained a work injury in February 2011 and continues to be treated for neck and upper extremity pain. When seen, there had been improvement with acupuncture treatments and she had been able to discontinue some medications with decreased pain and improved range of motion. Physical examination findings included trapezius muscle tenderness and upper back spasms radiating to the shoulders. Medications were refilled. MTUS addresses the role of continuation of acupuncture treatments. Treatments may be extended if there is functional improvement, defined as either a clinically significant improvement in activities of daily living or a reduction in work restrictions as well as reduction in the dependency on continued medical treatment. In this case, although there is reported improvement in pain and range of motion with decreased medication use, there is no evidence of functional improvement as defined above and there is a concurrent request for chiropractic care consistent with increased rather than decreased dependency. The request is not considered medically necessary.