

Case Number:	CM13-0015321		
Date Assigned:	07/09/2014	Date of Injury:	02/16/2011
Decision Date:	10/01/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/21/2013

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 70-year-old female who reported an injury on 02/16/2011. The mechanism of injury was a fall. Her diagnoses included a left knee ACL tear, lumbar myalgia/myositis, and left shoulder tenosynovitis. Her past treatments were noted to have included cortisone injections to the left knee, acupuncture, chiropractic treatment, and physical therapy. A 10/09/2010 note indicated specifically that acupuncture had been implemented "again" with "no beneficial results." On 06/26/2013, the injured worker presented with complaints of pain in her left shoulder, left knee, and lumbar spine. Her physical examination was noted to reveal tenderness to palpation in the lumbar paraspinal muscles, a positive impingement sign in the left shoulder, and decreased motor strength in the left shoulder to 4/5 in all planes. Her medications were not specified. The treatment plan included acupuncture, chiropractic care, trigger point injections, unspecified adjunctive treatment, and shockwave therapy for the lumbar spine, left shoulder, and left knee. A request was received for acupuncture of the lower back, left shoulder, and left knee. However, a specific rationale for this treatment was not provided. The Request for Authorization form was submitted on 06/26/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1 x 6 for the lower back, left shoulder, left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the California MTUS Acupuncture Guidelines, this treatment may be recommended when pain medication is reduced or not tolerated, when used as an adjunct to physical rehabilitation to promote functional recovery. When appropriate, the guidelines support up to 6 treatments as a clinical trial, followed by treatment 1 to 3 times per week for 1 to 2 months with documented evidence of objective functional improvement after the initial trial. The clinical information submitted for review indicated that the injured worker had previously undergone 2 or more courses of acupuncture treatment without improvement. However, details regarding these treatments, including the number of visits completed and objective gains made with treatment, were not provided to verify this documentation. In the absence of further documentation regarding previous acupuncture treatment, additional treatments are not supported. In addition, the injured worker was noted to have functional deficits in the left shoulder, but there were no objective functional deficits noted in the low back or left knee. In addition, there was no documentation indicating that pain medication had been reduced or was not tolerated. For the reasons noted above, the request is not medically necessary.