

Case Number:	CM13-0030482		
Date Assigned:	04/25/2014	Date of Injury:	10/01/2001
Decision Date:	06/10/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	09/30/2013

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 Family Medicine and is licensed to practice in . 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 patient is a 69 year old male with a date of injury on 10/01/2001. Diagnoses include chronic pain syndrome, bilateral knee injuries, bilateral shoulder pain, and thoracic/lumbar osteoarthritis. Subjective complaints are of back pain, leg pain and arm pain. Physical exam of shoulder shows decreased left shoulder range of motion, tenderness, with fair cuff strength, and strong external rotation. Neck exam shows cervical paraspinal muscle tenderness. Medications include Limbrel, meloxicam, Amrix, vitamin D3, omeprazole, pramipexole, and Cymbalta. Submitted documentation indicates that patient had 12 acupuncture visits from 5/6-6/19/2013, with 8 additional visits certified on 7/2/13. It was indicated that acupuncture reduced headaches, improved cervical range of motion, and helped with sleep. Medical records indicate low vitamin D levels, and that patient had been receiving monthly vitamin D 50,000 units.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE FOR 4 VISITS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA MTUS acupuncture guidelines suggest acupuncture as an adjunct to physical rehabilitation or surgery to hasten functional recovery. Time to produce improvement is usually 3-6 sessions. Sessions can be extended if functional improvement is documented with functional improvement meaning a significant increase in daily activities or reduction in work restrictions, as determined by subjective and objective findings. According to submitted medical records the patient has already received multiple prior acupuncture treatments. The most recently certified acupuncture visits did not provide documentation of functional improvement or completion of visits. Therefore, the medical necessity of further treatments is not established.

50,000 UNITS OF VITAMIN D PER WEEK: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Vitamin D.

Decision rationale: The ODG recommends consideration of Vitamin D supplementation in chronic pain patients if necessary. For this patient, there is documentation of low vitamin D levels. Therefore, the request for Vitamin D supplementation is consistent with guidelines and is medically necessary.