

Case Number:	CM13-0047377		
Date Assigned:	12/27/2013	Date of Injury:	10/16/2012
Decision Date:	04/18/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/01/2013

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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 53-year-old female who sustained an industrial injury on October 16, 2012. The mechanism of injury was not provided. Her diagnoses include chronic low back pain, bilateral shoulder and knee pain. She continues to complain of low back pain, bilateral shoulder and knee pain, which requires medication including opiates for pain relief. On exam, there is decreased range of motion of the lumbar spine with paravertebral tenderness. There is pain with range of motion of both shoulders with bilateral decreased hand strength. There is pain with range of motion of both knees without evidence of effusion or instability. In addition to medical therapy, the claimant has received physical therapy and 18 prior sessions of acupuncture. The treating provider has requested an additional six (6) acupuncture visits for the lumbar spine and bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) ADDITIONAL ACUPUNCTURE VISITS FOR THE LUMBAR SPINE AND BILATERAL SHOULDERS: 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, acupuncture may be extended if there is evidence of functional improvement. In this case there is no evidence of functional improvement after 18 sessions and in fact the claimant is unable to continue her employment as a school district aide. She remains off of work, on total temporary disability. The medical necessity for the requested treatment has not been established. The requested treatment is not medically necessary.