

Case Number:	CM14-0107670		
Date Assigned:	08/01/2014	Date of Injury:	01/09/2012
Decision Date:	09/16/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/11/2014

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 licensed in Chiropractic, has a subspecialty in Acupuncture and is licensed to practice in California. 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 59 year old female who reported low back, left shoulder and bilateral knee pain from injury sustained on 01/09/12 due to slip and fall. A MRI of the left shoulder dated 11/18/12 revealed minimal osteoarthritic changes in the AC joint; moderate joint effusion of the glenohumeral joint; cystic changes in the greater tuberosity; partial thickness tear of supraspinatus and fluid in subacromial and subdeltoid bursa. Patient is diagnosed with lumbar spine strain with right lower extremity pain; left shoulder partial rotator cuff tear with subacromial impingement and acromioclavicular joint arthritis. The only medical records available for review were dated 12/12/12. Per medical notes dated 12/12/12, patient complains of low back pain, left shoulder and bilateral knee pain. Pain is rated at 7/10. She continues to complain of radiating pain in the left shoulder that travels to the cervical spine and in the right leg with numbness. Examination of the lumbosacral spine revealed tenderness in the paravertebral with limited range of motion on flexion and extension. Examination of the left shoulder revealed tenderness in range of motion on flexion and abduction. Examination of the bilateral knees revealed tenderness to palpation with crepitation on range of motion. The request is made for 2X10 acupuncture treatments for the lumbar spine. It is unclear if the patient has had prior acupuncture treatment or if the request is for initial trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

20 Acupuncture for the Lumbar Spine, 2 Visits a Week for 10 Weeks as Outpatient.:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines Pages 8-9. "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency: 1-3 times per week. 3) Optimum duration: 1-2 months. Acupuncture treatments may be extended if functional improvement is documented". It is unclear if the patient has had acupuncture treatment. Medical records fail to document previous treatments. Per utilization review, patient has not had prior Acupuncture treatment. Provider is requesting 2X10 acupuncture treatments. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Therefore, the requested sessions are not medically necessary.