

Case Number:	CM14-0028322		
Date Assigned:	06/16/2014	Date of Injury:	07/02/2012
Decision Date:	07/21/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/06/2014

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 Board Certified 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 patient is a 46-year-old male with a date of injury of 7/02/2012. According to the progress report dated 2/03/2014, the patient complained of cervical, lumbar, left upper extremity, and bilateral knee pain. Significant objective findings include decrease range of motion in the cervical spine and lumbar spine, +3 tenderness to palpation of the cervical and lumbar paravertebral muscles, muscle spasms, positive cervical compression test, positive straight leg raise on the left, and positive Kemp's test bilaterally. There is tenderness to the anterior shoulder, lateral shoulder, and supraspinatus. Supraspinatus press test was positive. Cozen's was positive for the left elbow. The patient was diagnosed with cervical disc protrusion, cervical radiculopathy, cervical sprain/strain, lumbar myospasms, lumbar radiculopathy, lumbar sprain/strain, left shoulder sprain/strain, left shoulder tenosynovitis, left shoulder elbow sprain/strain, left lateral epicondylitis, and left knee sprain/strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE TWO TIMES PER WEEK FOR FOUR WEEKS TO CERVICAL, LUMBAR, LEFT SHOULDER, ELBOW, AND RIGHT KNEE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS guidelines recommend an initial trial of 3-6 acupuncture treatment to produce functional improvement over 1-2 months. It states that acupuncture may be extended if there is documentation of functional improvement. Based on the records, the current prescription for acupuncture would most accurately be evaluated as an initial trial for which the guidelines recommend 3-6 visits. There was no evidence that the patient received prior acupuncture care. Therefore, an initial trial is medically necessary; however, the provider has requested 8 acupuncture sessions, which exceeds the guidelines recommendation. There is no documentation of functional improvement to warrant more than 6 acupuncture sessions. In addition, there was no documentation of functional improvement from the acupuncture progress report dated 5/14/2014 and 5/28/2014. Based on the submitted documents and the guidelines, the provider's request for 8 acupuncture sessions are not medically necessary.