

Case Number:	CM14-0040366		
Date Assigned:	09/12/2014	Date of Injury:	02/09/2011
Decision Date:	10/14/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/05/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in California and Washington. 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 60-year-old male who reported an injury on 02/09/2011. The mechanism of injury was not provided within the medical records. The clinical note dated 01/29/2014 indicated diagnoses of recurrent rotator cuff tear right shoulder with secondary cervicogenic headaches, cervical spinal spondylosis, and foraminal narrowing, as well as spinal canal stenosis with neural deficits, lumbar spine sprain/strain, left knee internal derangement with tricompartmental osteoarthritic changes. The injured worker reported constant moderate to severe sharp neck pain and stiffness that was aggravated by sudden movements of looking up and down rated 7/10 to 8/10. The injured worker also reported constant moderate achy, sharp, stabbing low back pain and stiffness that radiated to bilateral legs with pain and weakness aggravated by sudden movements, sitting, standing, walking and bending rated 7/10 to 8/10. The injured worker reported constant moderate to severe sharp, stabbing, burning right shoulder pain aggravated by repetitive movement and overhead reaching rated 7/10 to 8/10 and reported activity dependent moderate to severe left knee pain aggravated by prolonged standing, prolonged walking, and climbing stairs rated 7/10 to 8/10. On physical examination of the cervical spine, range of motion was decreased and painful with flexion 40/50, extension 45/60, left lateral bending 40/45, right lateral bending 40/45, left rotation 70/80, right rotation 70/80. There was +3 tenderness to palpation of the cervical paravertebral muscles and bilateral trapezii. The injured worker's lumbar exam revealed range of motion that was decreased and painful for flexion 45/60, extension 20/25. There was +3 tenderness to palpation of the lumbar paravertebral muscles, bilateral SI joints and left SI joint. The injured worker's straight leg raise in the sitting position caused pain bilaterally. The injured worker's right shoulder examination revealed decreased range of motion that was painful with flexion 170/180, extension 45/50, abduction 170/180, adduction 30/40, internal rotation 70/80 and external rotation 80/90. The

injured worker had 3+ tenderness to palpation of the anterior shoulder, posterior shoulder, lateral shoulder, and acromioclavicular joint. The injured worker's left knee range of motion was decreased and painful with flexion 135/140. The injured worker had +3 tenderness to palpation of the anterior knee, posterior knee, medial knee, medial joint line, and lateral joint line and the injured worker's McMurray's caused pain. The injured worker's treatment plan included acupuncture 2 to 3 times a week, home exercises, and medications. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen included tramadol, Flexeril, ibuprofen, Prilosec. The provider submitted a request for acupuncture 3 times a week for 6 weeks. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE THREE TIMES A WEEK FOR SIX WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for ACUPUNCTURE THREE TIMES A WEEK FOR SIX WEEKS is not medically necessary. The CA MTUS guidelines recognize acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. There is a lack of clinical information indicating the injured worker did not tolerate medications or a reduction of pain medications. In addition, the provider did not indicate a rationale for the request. Moreover, the request does not indicate a body site for the acupuncture. Therefore, the request for acupuncture is not medically necessary.