

Case Number:	CM14-0050770		
Date Assigned:	07/07/2014	Date of Injury:	06/04/2013
Decision Date:	08/13/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/18/2014

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 and 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 is a 52 year old female who reports shoulder and knee pain resulting from an injury sustained on 6/4/13. She was walking down the stairs at her place of employment when she slipped and fell. Per the medical report dated 2/4/14, the patient has had MRIs of the left knee and back. No internal injuries were noted; however some patellar tendinosis was revealed which is believed to be exacerbated by the injury. The low back shows facet hypertrophy, but no disk diseases were noted. The patient is diagnosed with lumbar strain, shoulder strain, and knee strain. Per the medical report dated 2/4/14, the patient complains of pain that radiates down her right arm. She also states she is experiencing pain in both legs and into her hips. She states that any type of activity is causing her pain. She is unable to sit, stand or walk for more than thirty minutes as she feels tingling and is uncomfortable. Her level of pain when she wakes up in the morning is a 2/10 which increases to a 9/10 in the afternoon. When she is in bed her pain level is at 8/10. Per the medical report dated 2/25/14, the patient states that she continues to have low back pain and is experiencing some upper back pain as well. Her shoulders hurt with more pain on the right. She states the cold weather is making her pain worse and her level of pain is 10/10. Additionally, she has been treated with medication, physical therapy, a knee immobilizer, and crutches. Per the medical report dated 2/25/14, the patient has returned to work at full capacity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 8 treatments to the lumbar spine, cervical spine, thoracic spine, and right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per the Acupuncture Medical Treatment Guidelines, 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. Patient has not had prior acupuncture treatment. 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. Per the MTUS guidelines, 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 or decrease in medication intake. Per review of evidence and guidelines, 8 acupuncture treatments are not medically necessary.