

Case Number:	CM14-0186340		
Date Assigned:	11/14/2014	Date of Injury:	09/10/1996
Decision Date:	04/23/2015	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

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 68 year old female, who sustained an industrial injury on 9/10/1996, while employed as a probation correctional officer. Multiple dates of injury to various body parts were documented in the PR2 report, dated 7/29/2014. She was unable to recall the mechanism of injury dated 9/10/1996. The injured worker was diagnosed as having lumbago, degenerative spondylosis of L4 on L5, with degenerative facets at L4-5 and L5-S1, degenerative changes of the thoracic spine, degenerative changes of the bilateral shoulder acromioclavicular joints, degenerative changes of the cervical spine, degenerative changes of the left knee, degenerative changes of the carpometacarpal joints, first digits bilaterally. Treatment to date has included conservative measures, including diagnostics, medications, physical therapy (notes not submitted), and injections. X-rays of the lumbar, cervical, and thoracic spines, bilateral shoulders, left ankle and knee, bilateral wrists, and sacroiliac joints were referenced in the progress report, dated 7/29/2014. Currently (9/09/2014), the injured worker complains of pain in her cervical, thoracic, and lumbar areas, not rated. She reported pain to bilateral shoulders, rated 4/10. She reported bilateral wrist pain, rated 5-6/10. Current medications included Ibuprofen and Naproxen, interchangeably. Her height was 65 inches and weight was 205 pounds. Physical exam of the bilateral shoulders noted decreased range of motion, tenderness over the left subacromial bursa, as well as over the right bicipital tendon. Exam of the bilateral wrists noted mildly decreased range of motion with palmar flexion and a mildly positive Phalen's test. The treatment plan included chiropractic and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x per week for 6 weeks, 12 sessions for cervical, thoracic, lumbar, bilateral wrists and shoulders: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment guideline recommends acupuncture for pain. It recommends a trial of 3-6 visits with a frequency of 1-3 times per week over 1-2 months to produce functional improvement. There was no evidence that the patient received acupuncture care in the past. The patient was authorized 6 acupuncture visits of the 12 requested visits which is consistent with the guidelines for an initial trial. The provider's request for 12 acupuncture sessions exceeds the guidelines recommendation for an initial trial and therefore is not medically necessary at this time.