

Case Number:	CM14-0075154		
Date Assigned:	07/16/2014	Date of Injury:	10/10/2011
Decision Date:	03/04/2015	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/22/2014

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 60-year-old male, with a reported date of injury of 10/10/2011. The result of the injury was left knee pain and burning. He felt a pop in his left knee while going up the stairs. The current diagnoses include cervical spine sprain/strain; shoulder sprain/strain; and lumbar spine sprain/strain. The past diagnoses include neck sprain and lumbar sprain. Treatments have included hydrocodone 10/325mg, tramadol 150mg, cyclobenzaprine 7.5mg, and MRI of the left knee, with abnormal results, a knee brace, left knee surgery in 05/2012, physical therapy, an x-ray of the left knee showed advanced degenerative joint disease. The initial orthopedic comprehensive report dated 03/28/2014 indicates that on 01/17/2014, the injured worker sustained a second work-related injury. He injured his neck, left shoulder, low back, left knee, and left hip. During the visit, the injured worker complained of constant pain in his neck and rated the pain a 6 out of 10, constant pain in his left shoulder, with popping and tightness and rated the pain a 5 out of 10, constant pain in his low back, with stiffness and rated the pain a 7 out of 10, constant pain in his left hip and rated the pain a 6 out of 10, and constant pain in his left knee, with stiffness and popping and rated the pain a 7 out of 10. The injured worker reported that he required modifications or assistance with physical activities, such as carrying, bathing, dressing, climbing up stairs, getting into a vehicle, cooking, and house chores; and was unable to perform physical activities including lifting, pulling, pushing, bending, prolonged standing, and walking. The physical examination revealed decreased range of motion of the cervical spine and decreased lordosis; tightness, spasm, muscle guarding at the trapezius, sternocleidomastoid, and strap muscle; no tenderness of the spinal processes of the cervical

vertebrae; decreased range of motion of the left shoulder; decreased left shoulder muscle strength; tenderness of the left greater tuberosity; decreased lordosis and range of motion of the lumbar spine; tightness and spasm of the paraspinal musculature; and no tenderness at the posterior/superior spine. The treating physician ordered acupuncture to decrease the pain and to restore function. The injured worker was advised to consider modified duties. On 04/24/2014, Utilization Review (UR) denied the request for acupuncture two (2) times a week for six (6) weeks for the lumbar spine, cervical spine, and left shoulder. The UR physician noted that medical reports with clinical information on the injured worker were not provided. The ACOEM Guidelines and the Acupuncture Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 2 X WEEK X 6 WEEKS LUMBAR, CERVICAL, LEFT SHOULDER:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has not had prior Acupuncture treatment. Provider requested initial trial of 12 acupuncture treatments for lumbar, cervical, left shoulder pain which were non-certified by the utilization review. 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. Per guidelines and review of evidence, 12 Acupuncture visits are not medically necessary.