

Case Number:	CM15-0005082		
Date Assigned:	01/16/2015	Date of Injury:	08/17/2012
Decision Date:	03/10/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/09/2015

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 72 year old female who sustained a work related injury August 17, 2012. While working as a school teacher, she tripped and fell and was diagnosed with a left knee sprain/strain. She received (2) steroid injections and approximately 25 visits of physical therapy. Past history included s/p repair left medial meniscus posterior horn tear August 26, 2013. Past history also includes a thyroid disorder. According to an office visit with treating physician, dated November 12, 2014, the injured worker presented with continued pain in right wrist. She has been undergoing acupuncture treatments and has found pain relief and would like to continue. On examination, there is some right wrist stiffness with good finger range of motion. All maneuvers are very deliberate. An MRI exam revealed mild radiocarpal arthritis (report not present in medical record). Diagnosis is documented as injury, other, and unspecified hand, except finger. A request for authorization dated November 14, 2014, requested acupuncture/hand injury for 24 visits. According to utilization review dated December 10, 2014, the request for Acupuncture two (2) times a week for twelve (12) weeks is non-certified. Per a PR-2 dated 11/12/2014, the claimant has had much relief with acupuncture. She still has pain but range of motion is improved. still with lack of strength. Per a PR-2 dated 7/22/14, the claimant complains of right knee pain that is hurting more. She is receiving acupuncture treatment with benefit. Per a PR-2 dated 9/3/14, the claimant had burning at the wrist and digits. She reports that bending the right wrist is better with acupuncture. Per a Pr-2 dated 10/6/2014, the claimant complains of bilateral knee pain, decreased range of motion, spasm, and lack of strength. The provider states that after 8 visits of acupuncture, the pain has improved and flexibility as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture two (2) times a week for twelve (12) weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior extensive acupuncture of unknown quantity and duration and had mild subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. In addition the request for 24 visits at at time is excessive. Therefore further acupuncture is not medically necessary.