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| Case Number: | CM15-0009236 | | |
| Date Assigned: | 01/27/2015 | Date of Injury: | 08/05/2012 |
| Decision Date: | 03/13/2015 | UR Denial Date: | 12/16/2014 |
| Priority: | Standard | Application Received: | 01/15/2015 |

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: 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 45 year old female, who sustained an industrial injury on 8/5/2012. She has reported a fall at work. The diagnoses have included thoracolumbar spine strain/sprain with myofascitis, bilateral elbow contusions, right ulnar neuritis, right knee sprain/rule out meniscal tear, patellar tendonitis and petellofemoral tracking syndrome, internal derangement of right knee, lumbar myofascitis, lumbar radiculitis, and right knee contusion. Magnetic Resonance Imaging (MRI) of lumbar spine 6/25/14 significant for mild facet arthropathy and disc protrusion noted at L3 with nerve impingement. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), narcotic, and epidural steroid injections to lumbar L3-4. Currently, the IW complains of continued knee and back pain. On 10/27/14 physical examination documented right knee swelling, tenderness, left knee tenderness, both with positive McMurray's test, tenderness with spasms and guarding in thoracic spine T8-T11 lumbar tenderness, right elbow tenderness and left elbow tenderness. On 12/16/2014 Utilization Review non-certified acupuncture therapy twice (2) a week for four (4) weeks for bilateral knees, elbow, thoracic and cervical spine, noting the no documentation submitted indicating prior functional improvement with previous acupuncture therapy. The MTUS Guidelines were cited. On 1/15/2015, the injured worker submitted an application for IMR for review of acupuncture therapy twice (2) a week for four (4) weeks for bilateral knees, elbow, thoracic and cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of Acupuncture, twice a week for four weeks for the bilateral knees, elbow, thoracic and cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The primary care physician requested an acupuncture trial (x8 sessions) on 12-03-14. The request was denied by Utilization Review on 12-16-14 and later on approved by Utilization Review on 01-15-15. In reviewing the records available, it does not appear that the patient underwent acupuncture care before this request. As the patient continued symptomatic despite previous care (injections, physical therapy, oral medication, work modifications and self care) an acupuncture trial for pain management and function improvement would have been reasonable and supported by the MTUS (guidelines). The guidelines note that the amount to produce functional improvement is 3-6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the provider requested initially 8 sessions, which exceeds the number recommended by the guidelines without documenting any extraordinary circumstances, the request is seen as excessive, therefore not supported for medical necessity.