

Case Number:	CM15-0108979		
Date Assigned:	06/15/2015	Date of Injury:	11/02/2013
Decision Date:	07/14/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/05/2015

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 36 year old female, who sustained an industrial/work injury on 11/2/13. She reported initial complaints of neck and hip pain. The injured worker was diagnosed as having cervical strain and enthesopathy of hip. Treatment to date has included medication, acupuncture, and physical therapy. Currently, the injured worker complains of neck and hip pain with some relief from the physical therapy sessions (6) but the acupuncture helped more. Per the primary physician's progress report (PR-2) on 5/5/15, the cervical exam revealed tenderness in the paravertebral muscles, spasm, and restricted range of motion. The left hip exam revealed tenderness to palpation to the greater trochanter, decreased range of motion in flexion and abduction. Current plan of care included continuing medications and acupuncture. The requested treatments include acupuncture to the neck and left hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3 times 4 to the neck and left hip: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The UR determination of 5/14/15 denied the request for additional acupuncture to the patient's hip citing CA MTUS Acupuncture Treatment Guidelines. The patient past history of alternative treatment included Acupuncture care in 2014/15 with reported benefit, improvement lacking objective clinical findings of functional improvement. "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. The reviewed medical records failed to document clinical evidence of functional improvement and comply with CA MTUS Acupuncture Treatment Guidelines. Therefore, the request is not medically necessary.