

Case Number:	CM15-0109175		
Date Assigned:	06/15/2015	Date of Injury:	02/20/2010
Decision Date:	07/20/2015	UR Denial Date:	05/05/2015
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 42 year old female, who sustained an industrial injury on 02/20/2010. She has reported injury to the right shoulder, bilateral knees, and low back. The diagnoses have included musculoligamentous strain of the cervical spine; degenerative disc disease of the cervical spine at C5-6; low back pain; protruded disc at L5-S1; impingement syndrome of the right shoulder; status post right knee arthroscopic surgery times two with residuals; and internal derangement of the left knee. Treatment to date has included medications, diagnostics, injections, acupuncture, physical therapy, surgical intervention, and home exercise program. Medications have included Norco, Lidoderm Patch, and Prilosec. A progress report from the treating physician, dated 04/17/2014, documented an evaluation with the injured worker. Currently, the injured worker complains of pain and stiffness in her neck, increased with movement of her head up, down, or sideways; severe pain in her right shoulder, increased with attempts of reaching and above-shoulder activity; constant low back pain, increased with prolonged sitting, lifting, and bending; pain in her right knee with swelling, popping, locking, and giving way; and she has similar symptoms in the left knee, but with less intensity. Objective findings included paravertebral muscle spasm of the cervical spine; spasms with tenderness of the bilateral trapezius muscle and scapular regions; right shoulder tenderness in the subacromial region and in the direction of the rotator cuff; decreased range of motion; positive impingement sign, Hawkin's test, and cross-body adduction test; tenderness of the lumbar spine at the lumbosacral junction and bilateral flank regions, with paravertebral muscle spasm; right knee tenderness at the medial and lateral joint line of the right knee, with 2+ swelling and positive McMurray test; left knee with tenderness at the medial joint line and patellofemoral joint, with

2+swelling and positive McMurray test; and decreased ranges of motion to the cervical spine, right shoulder, lumbar spine and bilateral knees. The treatment plan has included the request for 12 acupuncture 2x6 weeks for the lumbar spine. Per a PR-2 dated 4/17/2015, the claimant has received acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Acupuncture 2x6 weeks for the Lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, 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 acupuncture of unknown quantity and duration. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.