

Case Number:	CM15-0137661		
Date Assigned:	07/27/2015	Date of Injury:	10/09/2012
Decision Date:	08/24/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/16/2015

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: Emergency 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 68 year old female who sustained an industrial injury on 10/9/12. She had complaints of back, left hand, bilateral shoulders and bilateral knee pain. Treatment includes: physical therapy and injections. Progress report dated 6/29/15 reports continued complaints of right and left shoulder pain, left wrist pain, right and left knee pain and loss of sleep due to pain. The right shoulder pain is constant, sharp, dull, achy, shooting, burning and throbbing, rated 8/10. The left shoulder pain is constant, sharp, dull, achy, shooting, burning and throbbing, rated 6/10. The left wrist has constant numbness and tingling, pain level rated 5/10. The right and left knee pain is constant, sharp and dull, rated 8/10 and is associated with some swelling and popping. Diagnoses include: right and left shoulder derangement and right and left knee internal derangement. Plan of care includes: request orthopedic surgeon consult, acupuncture to decrease inflammation and increased circulation 6 session and CMT/physiotherapy to increase strength and range of motion and decrease pain 6 session. Work status: remain off work until 7/27/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture twice a week for three weeks for bilateral knees and bilateral shoulders:
 Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As per MTUS Acupuncture treatment guidelines, acupuncture may be used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It recommends a trial of 3-6 sessions to provide objective improvement. There is some contradictory information in multiple progress notes with a few mentioning that patient has never received acupuncture while a few notes mentioning acupuncture (no details) as past treatment. Either way, the lack of actual documentation of adjunct use with physical therapy does not support criteria for acupuncture. The request is not medically necessary.

Chiropractic for the bilateral knees and bilateral shoulders, twice a week for three weeks:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59.

Decision rationale: As per MTUS Chronic pain guidelines, chiropractic is not recommended anywhere except for the low back. It is not recommended for knees with no evidence of efficacy. Chiropractic is not medically necessary.