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| Case Number: | CM15-0138944 | | |
| Date Assigned: | 07/28/2015 | Date of Injury: | 11/07/2014 |
| Decision Date: | 08/31/2015 | UR Denial Date: | 06/25/2015 |
| Priority: | Standard | Application Received: | 07/17/2015 |

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 44 year old female, who sustained an industrial injury on 11-7-14 Initial complaints were not reviewed. The injured worker was diagnosed as having right shoulder sprain-strain; tendinitis impingement syndrome rotator cuff tear; right hand sprain-strain; tendinitis carpal tunnel syndrome; lumbar sprain-strain with radiculitis; radiculopathy; herniated lumbar disc; left knee sprain-strain. Treatment to date has included right knee brace; right wrist brace; lumbar spine brace; physical therapy; medications. Diagnostics studies included MRI right shoulder (3-30-15); MRI lumbar spine (3-31-15). Currently, the PR-2 notes dated 5-19-15 indicated the injured worker complains of pain in the lower back with radicular symptoms into the right. The injured worker reports symptoms are aggravated with prolonged standing and coughing and sneezing, walking on uneven terrain, lifting aggravates his pain. She complains the pain in her right shoulder is aggravated with overhead reaching and overhead work. Objective findings are documented by the provider indicating the lumbar spine range of motion flexion 50 degrees, extension 20 degrees, lateral bending right 20 and left 20 degrees. Straight leg raising is at 75 degrees right and 75 degrees left. There is notes tightness and spasms in the lumbar paraspinal musculature noted bilaterally. There is hypoesthesia along the anterior lateral aspect of the foot and ankle, L5 and S1 dermatome level bilaterally. There is weakness with big toe dorsi flexion and big toe plantar flexion bilaterally. The right shoulder range of motion notes flexion 160 degree, extension 35 degrees, abduction 150 degrees and adduction 35 degrees with internal rotation 65 degrees and external rotation 70 degrees. Impingement test is positive on the right. There is tenderness over the greater tuberosity of the right humerus. There is a subacromial grinding and clicking of the right humerus with tenderness over the rotator

cuff muscles on the right. The provider reviewed the MIR of the right knee reported on 3-30-15 with an impression of intersubstance degeneration and medial meniscus but no definite meniscal tear. There is no fracture or ligamentous injury. The MRI of the lumbar spine on 3-31-15 reports an impression of generative lumbar spondylosis. L4-5 notes mild foraminal stenosis due to subtle broad-based disc bulge with osteophyte and facet joint hypertrophy. L5-S1 notes mild left foraminal stenosis due to settle broad-based disc bulge with osteophyte and facet joint hypertrophy. The provider is requesting authorization of Acupuncture, 2 times a week for 5 weeks, right upper extremity, lumbar spine & left knee. Six acupuncture visits were authorized on 6/25/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, 2 times a week for 5 weeks, right upper extremity, lumbar spine & left knee:
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 acupuncture trial authorized. However, the provider fails to document objective functional improvement associated with the completion of the certified acupuncture trial. If this is a request for an initial trial, 10 visits exceeds the recommended guidelines for an initial trial. Therefore, further acupuncture is not medically necessary.