

Case Number:	CM15-0141546		
Date Assigned:	07/31/2015	Date of Injury:	06/19/2014
Decision Date:	09/04/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/21/2015

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 27 year old male patient who sustained an industrial injury on June 19, 2014. A recent primary treating examination dated January 22, 2015 reported the treating diagnoses as: cervical spine discogenic disease, and left knee strain and sprain. There is recommendation for the patient to undergo chiropractic and physical therapy session treating the cervical spine, left upper extremity and knees. The patient is with subjective complaint of having neck, left shoulder and arm, left wrist and hand, and left knee pains. The patient is to remain temporarily totally disabled. He is to follow up in 4 weeks. On February 26, 2015 the subjective complain listed neck and left shoulder pains. He states having been asymptomatic regarding the left wrist, hand and knee complaints since the last visit. The patient reported having increased function and activities with chiropractic session along with the sessions decreasing the pain level and tenderness. The following diagnoses were applied: status post blunt trauma head injury with loss of consciousness; facial laceration, resolving; cervical musculoligamentous strain and sprain with radiculitis; cervical spine discogenic disease; left shoulder strain and sprain; rule out left shoulder rotator cuff tear; left wrist strain-sprain; left wrist tenosynovitis; left hand strain-sprain; left knee strain-sprain; rule out left knee internal derangement, and insomnia. He is to continue with chiropractic care. He was prescribed Motrin 600mg, Prilosec, Omeprazole, and Flexeril. There is recommendation to evaluate functional capacity of the patient. He will remain temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 12 sessions to the cervical spine and left shoulder, 2x6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment guidelines states that acupuncture may be extended with documentation of functional improvement. According to the progress report dated 6/18/2015, the patient stated that acupuncture therapy helps decrease pain and tenderness. In addition, the patient's function and activities of daily living have improved from acupuncture. There was no objective quantifiable documentation regarding functional improvement. Therefore, the provider's request for 12 acupuncture session is not medically necessary and appropriate at this time due to the lack of documentation of functional improvement.