

Case Number:	CM15-0142077		
Date Assigned:	07/31/2015	Date of Injury:	04/05/2010
Decision Date:	09/01/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/22/2015

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:

This injured worker is a 47 year old female, who reported an industrial injury on 4-5-2010. Her diagnoses, and or impression, were noted to include: multi-level cervical spine discopathy; status-post right shoulder dislocation with resultant impingement syndrome; ulnar neuropathy and cubital tunnel syndrome; left knee internal derangement; and mild cubital tunnel syndrome. No current imaging studies were noted. Her treatments were noted to include acupuncture treatments; therapy; medication management; and a return to work duties. The progress notes of 5-29-2015 reported unchanged, continued, moderate neck and left arm pain, aggravated by physical activity. Additional complaints were noted to include: mild-moderate pain, with numbness, tingling, and-or burning, to the right hand-wrist, right shoulder, upper back, bilateral knees, and bilateral elbows for which Lyrica and Naproxen provided only temporary relief. Objective findings were noted to include an antalgic gait; tenderness I the acromioclavicular joint of the right shoulder that was with positive impingement sign as well as crepitus with decreased range-of-motion; pain with strength tests of the upper extremities; effusion and tenderness in the right elbow with instability and painful, decreased range-of-motion; and abnormal patellar tracking with positive patellar grind maneuver, tenderness, and slight weakness in the left knee. The claimant states that acupuncture therapy helps her immensely and improves her overall pain. The physician's requests for treatments were noted to include additional acupuncture treatments to help improve her overall pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture additional (12) visits: 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 of unknown quantity and duration and had subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.