

Case Number:	CM15-0144866		
Date Assigned:	08/06/2015	Date of Injury:	10/25/2011
Decision Date:	09/09/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/25/2015

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 52 year old female who reported an industrial injury 10-25-2011. Her diagnoses, and or impression, were noted to include: cervical pain with upper extremity symptoms; low back pain with lower extremity symptoms; bilateral shoulder subacromial bursitis; and bilateral knee chondromalacia patella. No current imaging studies were noted. Her treatments were noted to include acupuncture treatments to all body parts; chiropractic treatments - cervical spine; neurology consultation; medication management; and rest from work. The progress notes of 6-9-2015 reported moderate cervical pain, left > right, with upper extremity symptoms; moderate right shoulder, right knee and left knee pain; and headaches with cognitive changes. Objective findings were noted to include tenderness in the cervical and lumbar spine that were with painful and limited range-of-motion; positive bilateral straight leg raise; spasms to the lumbo-para-spinal musculature and cervical trapezius; an unchanged upper extremity neurologic evaluation; tenderness to the bilateral shoulders that were with limited range-of-motion; swelling and tenderness to the bilateral knees, right > left; and diminished sensation in the cervical and right lumbosacral dermatomal distributions. The physician's requests for treatments were noted to include additional acupuncture treatments for the cervical spine, bilateral shoulders and bilateral knees. The claimant has had 11/12 sessions. Per a Pr-2 dated 3/10/15, the claimant's trial of 3 acupuncture sessions facilitates a diminution of pain and improved range of motion and improved tolerance to standing and walking.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture 2x6 for the neck (cervical spine), bilateral shoulder and bilateral knees: 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 initial subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore, further acupuncture is not medically necessary.