

Case Number:	CM15-0146159		
Date Assigned:	08/07/2015	Date of Injury:	07/09/2014
Decision Date:	09/09/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/28/2015

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 53 year old male who sustained an industrial injury on 07-09-2014. Mechanism of injury occurred when he was under his vehicle fixing it and was struck by another work truck. He sustained a liver laceration-Grade3, bilateral rib fractures, and a fracture to the left arm. He had multiple diagnoses pertaining to multiple body parts including headaches, sprain to the cervical, lumbosacral, right shoulder, left shoulder, left elbow, left wrist, right and left hip, along with anxiety, and depression. Diagnoses include lumbosacral sprain-strain, rule out lumbar disc protrusion, cervical sprain-strain, rule out cervical disc protrusion, bilateral rib fractures, left hand fracture, left hand tenosynovitis, status post left hand surgery, right shoulder sprain-strain, rule out right shoulder internal derangement, left shoulder sprain-strain, rule out left carpal tunnel syndrome, right and left wrist internal derangement, right hip sprain-strain, rule out right hip internal derangement, left hip sprain-strain, rule out left hip internal derangement, thoracic sprain-strain, left elbow sprain, rule out left elbow internal derangement, left forearm abrasion, left forearm strain, status post left forearm surgery, headache, headache-post traumatic- chronic, insomnia, anxiety and depression. Treatment to date has included diagnostic studies, surgery, medications, physical therapy, and acupuncture. A physician progress note dated 05-27- 2015 documents the injured worker has complaints of head, cervical spine, thoracic spine, lumbar spine, right shoulder, left shoulder, let elbow, left forearm, left wrist and hand, right and left hip, and left sided rib pain. The cervical spine range of motion is restricted and the is tenderness to palpations of the bilateral trapezii, C4-C7 spinous processes, cervical paravertebral muscle, spinous processes and sub occipitals and there is muscle spasm present. Cervical

compression causes pain. The thoracic spine range of motion is limited and there is tenderness present to the spinous processes and paravertebral muscles. His lumbar spine range of motion is restricted and there is tenderness present. Straight leg raise causes pain in the left and right. The right shoulder has limited range of motion and there is tenderness to palpation of the acromioclavicular joint, anterior shoulder, inferior border of the scapula, lateral shoulder, levator scapulae and supraspinatus. Impingement is positive on the right. His left shoulder has restricted range of motion and there is tenderness present. His left shoulder has restricted flexion range of motion and Tinel's is positive. His left forearm has a well-healed Z shape surgical incision. Ranges of motion are painful. The left wrist has painful and restricted ranges of motion and there is tenderness present. His left hand has painful range of motion and there is tenderness present to palpation. The right hip has restricted range of motion and there is tenderness present to palpation of the anterior and posterior hip. His left hip has restricted range of motion and there is tenderness to palpation of the anterior hip. The treatment plan includes medications, topical creams, x rays of the cervical spine, lumbar spine, left hand, bilateral shoulders, left wrist, and left forearm left elbow and bilateral ribs, Magnetic Resonance Imaging of the cervical, lumbar spine and bilateral shoulders, CT scan of the left forearm, left wrist and left elbow. Treatment requested is for a trial of acupuncture for cervical spine, left elbow, bilateral shoulders, thoracic spine, bilateral hips, lumbar spine and left wrist 2 times a week for 4 weeks Qty: 8.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of acupuncture for cervical spine, left elbow, bilateral shoulders, thoracic spine, bilateral hips, lumbar spine and left wrist 2 times a week for 4 weeks Qty: 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Provider requested initial trial of 8 acupuncture sessions which were modified to 6 by the utilization review. Per guidelines, 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per guidelines and review of evidence, 8 Acupuncture visits are not medically necessary.