

Case Number:	CM15-0160038		
Date Assigned:	08/26/2015	Date of Injury:	10/10/2011
Decision Date:	09/29/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/17/2015

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 63-year-old female, who sustained an industrial injury on October 10, 2011. Several documents within the submitted medical records are difficult to decipher. The injured worker was diagnosed as having lumbar discopathy, right knee internal derangement, cervical, bilateral hand and left knee sprain-strain and bilateral carpal tunnel syndrome. Treatment to date has included magnetic resonance imaging (MRI), electromyogram, nerve conduction study, chiropractic treatment, acupuncture. A progress note dated July 2, 2015 provides the injured worker complains of neck, pack wrist and hand and knee pain. She rates the neck pain 2-3 out of 10, the low back pain is rated 5 out of 10, the wrist and hand pain is 4-5 out of 10 and her knee pain is 4 out of 10. Physical exam notes tenderness to palpation of the neck, lumbar area, wrists and hands and the knees. The plan includes additional acupuncture. Per an acupuncture report dated 4/16/2015, symptoms are relieved after treatments. Per an acupuncture report dated 7/2/2015, symptoms are improving after the treatments. The claimant also had acupuncture in 2012 and 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Additional Acupuncture Visits (with Infrared) for the Cervical/Lumbar Spine, Bilateral Hands/Knees 1 x 4: 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.