

Case Number:	CM15-0162159		
Date Assigned:	08/28/2015	Date of Injury:	07/12/2014
Decision Date:	09/30/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/18/2015

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(n) 52-year-old female, who sustained an industrial injury on 7-12-14. She reported pain in her neck, back and bilateral upper extremities related to cumulative trauma. The injured worker was diagnosed as having sprain of unspecified site of shoulder and upper arm, knee sprain and wrist sprain. Treatment to date has included several x-rays, physical therapy x 6 sessions, Norco, Ultram and Prilosec. As of the PR2 dated 7-21-15, the injured worker reports pain in the bilateral shoulders, bilateral forearms-wrists and knees. She rates her pain 9 out of 10 without medications and 6 out of 10 with medications. Objective findings include a positive Tinels and Phalens test in the bilateral wrists, right knee range of motion 0-134 degrees and left knee range of motion 0-99 degrees. There is also crepitus in the bilateral knees and shoulders. The treating physician requested acupuncture treatment for bilateral shoulders, elbows, wrists and knees 2 times a week for 3 weeks, quantity: 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment for bilateral shoulders, elbows, wrists and knees 2 times a week for 3 weeks, quantity: 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The 7/27/15 UR determination denied the treatment request for Acupuncture 2x3 for management of bilateral shoulder, elbow, wrist and knee residuals citing CA MTUS Acupuncture Treatment Guidelines. The reviewed medical records reflect documented the providers treatment goals of reducing pain presentation and improving function in ADL's of pushing, pulling, walking or kneeling. The medical records did not address the patient's prior history of alternative care to include prior Acupuncture if received or whether this request was an initial request of which 6 visits would be within CA MTUS Acupuncture Treatment Guidelines. There is no evidence that this request for additional information was provided leaving the medical necessity for an initial request for care 6 sessions or continuing treatment request of 6 visits denied. The medical necessity for the requested care has not been supported by reviewed reports or the CA MTUS Acupuncture Treatment Guidelines.