

Case Number:	CM15-0166512		
Date Assigned:	09/04/2015	Date of Injury:	11/07/2014
Decision Date:	10/06/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/25/2015

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:

The injured worker is a 45 year old female, who sustained an industrial injury on 11-7-2014. She reported injuries to the right shoulder, right arm, right hand, back, right leg and right foot from repetitive activity and a mechanical fall. The diagnoses included right shoulder sprain-strain, rule out impingement syndrome-rotator cuff tear, right hand sprain-strain, rule out carpal tunnel syndrome, lumbar spine sprain-strain with radiculitis and herniated disc, right knee sprain-strain and internal derangement, and left knee sprain-strain. Treatment to date has included activity modification, medication therapy, physical therapy, and physiotherapy. Currently, she complains of ongoing low back pain with radiation to the right lower extremity and right shoulder pain. On 5-19-15, the physical examination documented lumbar tenderness with a positive straight leg raise test bilaterally with muscle spasms. The right shoulder demonstrated decreased range of motion, tenderness with grinding and clicking. The plan of care included a request to authorize acupuncture twice a week for five weeks. Per Pr-2 dated 7/6/15, the claimant has had 7 acupuncture visits with positive relief which helps decrease pain and allows better ADLS and function. Work restrictions remain the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x week x 5 weeks Right Upper Extremity, Lumbar Spine, Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

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 any objective functional improvement associated with acupuncture treatment. Therefore, further acupuncture is not medically necessary.