

Case Number:	CM15-0168410		
Date Assigned:	09/09/2015	Date of Injury:	04/21/2015
Decision Date:	10/14/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/26/2015

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 69-year-old female who sustained a work related injury April 21, 2015. History included hypertension, hypothyroidism, lithotripsy 2002, and unrecalled procedure to the left knee, 2012. Diagnoses are documented as derangement of joint, not otherwise specified of shoulder; lumbar radiculopathy; internal derangement of knee, not otherwise specified. According to a primary treating physician's progress report, dated August 6, 2015, the injured worker presented with complaints of continued right shoulder and low back pain. The physician documents there have been no significant improvement since the last exam. She is a surgical candidate for the right shoulder and for facet injection to the low back. Physical examination revealed; shoulder-tenderness to pressure over the joint, right range of motion restricted and left range of motion within functional limits, right impingement test negative and left impingement test positive; lumbar-spasm and tenderness present in the paraspinal muscles, range of motion restricted; sensory reduced in bilateral feet; heel toe walking normal and seated straight leg raise is negative; knees tenderness over the bilateral joint lines and medially, right and left range of motion within normal limits; anterior and posterior drawer negative right and left and McMurray's positive right and left. Treatment plan included continue with conservative care and medications, and at issue, a request for authorization for acupuncture for the low back and right shoulder 3 x 4. Six acupuncture visits were authorized on 8/14/15 as a trial. A left knee 3 view x-ray performed April 21, 2015, revealed no evidence for fracture; findings consistent with degenerative osteoarthopathy especially at the medial compartment. An x-ray of the right shoulder (2 views) performed April 21, 2015, revealed no evidence of fracture. An MRI of the

left knee, performed June 30, 2015, Impression; partially macerated tearing of the entire medial meniscus, likely degenerative; normal posterior cruciate ligament fibers are not identified; findings suggestive of a severe partial, if not complete, posterior cruciate ligament tear, subacute to chronic in age; possible chronic partial ACL tear, mild tendinopathy or partial thickness tearing of the inferior aspect of the patellar tendon; severe osteoarthritis of the medial compartment with degenerative fibrovascular marrow change; suspect severe bone contusion of the medial aspect of the proximal tibia; less severe degenerative arthritic changes of the lateral and patellofemoral compartments; edema within the superolateral aspect of Hoffa's fat pad which may represent patellar maltracking syndrome. A right shoulder MRI was performed June 30, 2015 but only one partial page of the report is available for review. According to utilization review, performed August 14, 2015, the request for acupuncture 3 x 4 low back and right shoulder, has been modified to acupuncture x 6 visits for the low back and right shoulder. Per a PR-2 dated 9/10/15, the claimant has started acupuncture but symptoms persist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, three times a week for four weeks for the low back/right shoulder: 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 no documented benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore, further acupuncture is not medically necessary.