

Case Number:	CM15-0168723		
Date Assigned:	09/09/2015	Date of Injury:	01/18/2001
Decision Date:	10/08/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	08/27/2015

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: 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 55 year old female who sustained an injury on 1-18-01. Diagnoses are right shoulder periscapular strain with bursitis, tendinitis and impingement syndrome and partial supraspinatus tendon tear; right elbow lateral epicondylitis and mild cubital tunnel syndrome; right wrist flexor and extensor tendinitis, de Quervain's tenosynovitis and mild carpal tunnel syndrome; chronic right knee sprain with patellofemoral arthralgia, slight medial compartment narrowing and Grade II signal changes in the posterior horn of the medial meniscus; cervical spine, lumbar spine and right ankle symptoms. Initial short course of acupuncture treatment for her neck and right ankle discomfort improved her symptoms. On 6-9-15 she has increased right shoulder pain and right knee pain and is requesting a short course of chiropractic pain 3 x4; right knee brace and anti-inflammatory medications. She has tender posterior muscles, spasms; range of motion is mild to moderate; right knee 126 degrees range of motion with crepitus and other findings are not legible. She has constant pain on the inside of her right knee and the pain is rated as 8 out of 10. She is to continue with home exercises. Current requested treatments chiropractic treatment with infra lamp, medical supply, kinesio tape; 6 visits (2x3). The utilization review dated 8-26-15 report non certification of all requested treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment with infra lamp/medical supply/kinesio tape; 6 visits (2x3): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The guidelines indicate that the number of acupuncture sessions to produce functional improvement is 3-6 treatments and also states that extension of acupuncture care could be supported for medical necessity if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. The patient already underwent eighteen acupuncture sessions with infra lamp/medical supply-kinesio tape without any objective improvements documented (function-activities of daily living improvement, medication reduction, work restrictions reduction, etc). In the absence of clear evidence of significant quantifiable response to treatment obtained with previous acupuncture care with infra lamp/medical supply-kinesio tape, the request for additional acupuncture with infra lamp/medical supply-kinesio tape is not medically necessary.