

Case Number:	CM15-0169959		
Date Assigned:	09/10/2015	Date of Injury:	06/30/2009
Decision Date:	10/14/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/28/2015

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 54 year old female, who sustained an industrial injury on 6-30-09. Initial complaints were not reviewed. The injured worker was diagnosed as having head pain; cervical musculoligamentous strain-sprain with radiculitis; cervical spine discogenic disease; thoracic musculoligamentous strain-sprain with radiculitis; bilateral shoulder strain-sprain; bilateral elbow strain-sprain; right elbow cubital tunnel syndrome; lumbosacral spine discogenic disease; right elbow medial release surgery with residual pain; bilateral wrist sprain-strain; bilateral carpal tunnel syndrome; right middle finger release with right carpal tunnel release with residual pain; bilateral knee strain-sprain; bilateral knee internal derangement; bilateral ankle sprain-strain; history of toxic exposure; sleep disturbance secondary to pain; depression, situational. Treatment to date has included I; status post right elbow medial release surgery; status post right middle finger release with right carpal tunnel release; physical therapy; Extracorporeal Shockwave Procedures; medications. Currently, the PR-2 notes dated 5-11-15 indicated the injured worker complains of headaches as well as pain in the neck, mid-upper back, lower back, bilateral shoulders, bilateral elbows, bilateral knees, and bilateral ankles. She also complains of pain and numbness in the bilateral wrists. She reports she experiences depression. On a pain scale, she reports her headaches and bilateral shoulders as 7 out of 10 which is a decrease from 8 out of 10 since last visit; the neck, mid-upper back, lower back, left elbow, bilateral wrists, left knee, and right ankle remained the same since last visit as 8 out of 10, and right elbow, right knee and left ankle an 8 out of 10 which has increased since last visit from 7 out of 10. A physical examination is documented noting grade 2 tenderness in all areas mentioned which is

the same since her last visit. The paraspinal muscles also note a 2 palpable muscle spasm in the cervical, thoracic and lumbar paraspinal muscles. The provider additionally notes the injured worker has a history of toxic exposure and requires follow-up with the internist due to chronic symptoms of shortness of breath-nasal congestion. The provider's treatment plan on this date was for acupuncture for the evaluation and treatment of cervical, thoracic and lumbar spine as well as bilateral upper extremities and bilateral knees. He notes the injured worker has already completed 29 sessions of physical therapy and 21 sessions of chiropractic therapy. A Request for Authorization is dated 8-28-15. A Utilization Review letter is dated 7-31-15 and non-certification was for 12 Retrospective: Acupuncture Of The Left Knee 2 Times A Week For 6 Weeks #12 Treatment Sessions As Outpatient between 5-11-2015 and 6-20-2015. These services were denied due to the amount of sessions requested exceed the current recommendations of the CA MTUS Acupuncture Medical Treatment Guidelines. The provider is requesting authorization of 12 Retrospective: Acupuncture Of The Left Knee 2 Times A Week For 6 Weeks #12 Treatment Sessions As Outpatient between 5-11-2015 and 6-20-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Retrospective: Acupuncture Of The Left Knee 2 Times A Week For 6 Weeks #12 Treatment Sessions As Outpatient between 5/11/2015 and 6/20/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The patient complained of neck, mid-upper back, lower back, bilateral shoulders, bilateral elbows, bilateral knees, and bilateral ankle pain. She also complains of pain and numbness in the bilateral wrists. The Acupuncture Treatment guideline recommends an initial 3-6 acupuncture session over 1-2 months to produce functional improvement. The provider requested 12 retrospective acupuncture sessions for the left knee that was performed between 5/11/2015-6/8/15. Upon reviewing the submitted documents, the provider's retrospective request for 12 acupuncture sessions is not medically necessary. The guideline recommends an initial visit of 3-6 visits. The provider's request exceeds the guidelines recommendation for an initial trial. In addition, there was no documentation of functional improvement gained within the 3-6 visits. Three to six acupuncture sessions is reasonable to produce functional improvement.