

Case Number:	CM15-0181776		
Date Assigned:	09/23/2015	Date of Injury:	09/16/2014
Decision Date:	10/30/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/15/2015

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 58 year old male who sustained an industrial injury on 09-16-2014. The injured worker was diagnosed with cervical-trapezial musculoskeletal sprain and strain with bilateral upper extremity radiculitis, lumbar musculoligamentous sprain and strain with bilateral lower extremity radiculitis, bilateral shoulder sprain and strain with impingement, right side greater than left side, right elbow medial and lateral epicondylitis, rule out cubital tunnel syndrome, right wrist sprain and strain, rule out carpal tunnel syndrome and right knee sprain and strain with patellofemoral degenerative joint disease. According to the treating physician's progress report on July 13, 2015, the injured worker continues to experience bilateral shoulder pain, neck pain, low back pain with radiation to legs, right knee pain, right elbow, wrist, hand and finger pain. Examination of the cervical spine demonstrated tenderness to palpation with spasm over the right sided paraspinal and trapezius muscles with decreased range of motion in all planes. Inspection noted a forward head carriage and hypolordosis. The bilateral shoulder examination revealed tenderness to palpation over the subacromial areas, acromioclavicular joints, supraspinatus tendons and anterior capsules. Impingement and cross arm tests were positive. Range of motion was decreased bilaterally with right shoulder worse than left shoulder. The lumbar spine examination demonstrated tenderness to palpation with spasm and muscle guarding over the bilateral paraspinal musculature with positive straight leg raise bilaterally. Range of motion was decreased in all planes with hypolordosis present. The right elbow examination noted tenderness to palpation over the medial and lateral epicondyles with positive Cozen's, positive reverse Cozen's and positive Tinel's test with diminished range of motion. The right wrist showed atrophy of the interosseous muscles of the bilateral hand and

tenderness to palpation over the flexor and extensor tendons with positive Tinel's and decreased range of motion. Grip strength was diminished bilaterally. Right knee revealed tenderness to palpation over the medial and lateral joint lines with positive patellar grind test, patellofemoral crepitus test and decreased flexion. Motor strength was intact in the major muscles tested in the bilateral upper and lower extremities. Sensation to pinprick and light touch was decreased in the right upper extremity over all fingers. Biceps, triceps, brachioradialis and Achilles reflexes were 1+ bilaterally. Ambulation was abnormal with a slight weight shift to the left lower extremity. Prior treatments included diagnostic testing, physical therapy (approximately 12-15 sessions), bracing, 2 right shoulder injections and medications. Current medications were listed as Ultram and Anaprox. Treatment plan consists of home Interferential Stimulator (IF), right shoulder magnetic resonance imaging (MRI), follow-up examination and on 07-31-2015 the provider requested authorization for trial acupuncture therapy twice a week for 3 weeks to the cervical spine, lumbar spine bilateral shoulder, right elbow, wrist and right knee. On 08-26-2015 the Utilization Review non-certified the request for acupuncture therapy twice a week for 3 weeks to the cervical spine, lumbar spine bilateral shoulder, right elbow, wrist and right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x3: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: It appears that this is a request for an initial acupuncture trial. Evidenced based guidelines recommend a trial of acupuncture for chronic pain. 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. Since there is no documentation the claimant had prior acupuncture, 6 visits of acupuncture are medically necessary.