

Case Number:	CM15-0183636		
Date Assigned:	09/24/2015	Date of Injury:	03/01/2011
Decision Date:	11/03/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/18/2015

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, Montana
 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:

This injured worker is a 64 year old male, who sustained an industrial injury on 03-01-2011. The injured worker was diagnosed as having left shoulder sprain-strain, left shoulder AC arthrosis, left shoulder tendinitis, left shoulder effusion, left shoulder bursitis, left shoulder subcortical cysts in the humeral head, right knee ACL tear, right knee medial meniscal tear, lateral meniscal tear-right knee, right knee effusion, anxiety, stress, mood disorder and sleep disorder. On medical records dated 07-29-2015 and 06-26-2015, subjective complaints were noted as burning left shoulder pain that radiates down the arm to fingers, associated with muscle spasms-and pain was rate a 5-6 out of 10. Burning right knee pain and muscle spasm were noted as well with a 5-6 out of 10 on pain scales. Objective findings were noted as left shoulder tenderness to palpation on the upper trapezoid muscles and a decreased range of motion was noted. Bilateral upper extremities sensation to pinprick and light touch was slightly diminished over the C5, C6, C7, C8 and T1 dermatomes in the right upper extremity. Right knee exam revealed tenderness to palpation of the medial and lateral joint line and the suprapatellar and infrapatellar bursa with a noted decreased range of motion as well. A slight decreased sensation to pin-prick and light touch at the L4-L5 and S1, dermatome bilateral were noted in the right lower extremity. The injured worker was noted not to be working. Treatment to date included physical therapy and medication. Current medication was listed as Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine and Ketoprofen Cream on medical record dated 07-29-2015. The Utilization Review (UR) was dated 08-31-2015. A request for acupuncture 2x a week for 4 weeks for the shoulder-upper arm-knee leg was submitted. The UR submitted for this medical

review indicated that the request for acupuncture 2x a week for 4 weeks for the shoulder-upper arm-knee leg was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x a week for 4 weeks for the shoulder/upper arm/knee leg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 2X4 acupuncture sessions for the shoulder, upper arm and knee which were non-certified by the utilization review. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, 2x4 acupuncture treatments are not medically necessary.