

Case Number:	CM15-0188682		
Date Assigned:	09/30/2015	Date of Injury:	01/29/2015
Decision Date:	11/09/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/24/2015

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 64 year old man sustained an industrial injury on 1-29-2015. Evaluations include undated left knee x-rays, MRI, and CT scan. Diagnoses include cervical myalgia, cervical myospasm, left cervical radiculitis-neuritis, bilateral shoulder derangement, left knee sprain-strain, and status post left knee surgery. Treatment has included oral medications, left knee surgery, physical therapy, and cortisone injections to the right arm and left knee. Physician notes dated 8-4-2015 show complaints of upper back pain rated 8 out of 10 with radiation to the left neck and bilateral shoulders associated with weakness and locking; left knee pain rated 5 out of 10 with radiation to the left leg with weakness, numbness, and giving way; neck pain rated 4-7 out of 10 with radiation to the bilateral shoulders and is associated with weakness; and low back pain rated 4-8 out of 10 with radiation to the bilateral legs with numbness. The physical examination shows cervical spine tenderness, guarding, and spasms to the paravertebral regions and upper trapezius bilaterally, 4 out of 5 muscle strength with flexion, extension, bilateral rotation, and bilateral lateral flexion with limited range of motion due to pain. Range of motion measurements show flexion 50 degrees, extension 60 degrees, bilateral flexion 45 degrees, and bilateral rotation 80 degrees, neurological examination is normal. The bilateral shoulders showed tenderness to palpation over the deltoid complex, positive Neer's, Hawkin's-Kennedy, and empty can tests, muscle strength was noted to be 4 out of 5 with winging noted on the left. Range of motion was listed as bilateral flexion 170 degrees, bilateral extension 40 degrees, bilateral abduction 160 degrees, bilateral adduction 40 degrees, bilateral internal rotation and external rotation 70 degrees. The left knee showed tenderness and swelling to the medial joint line with crepitation, 4

out of 5 muscle strength and range of motion was noted to be 100 degrees of flexion and 0 degrees of extension. JAMAR grip strength was 33.4-31.8-20.0 right and 21.2-44.8-30.7 left. Recommendations include left shoulder MRI, left knee x-rays, physical therapy, acupuncture, Cyclobenzaprine, obtain operative report, and follow up in one month. Utilization Review modified the request for acupuncture to 3 acupuncture sessions on 8-26-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, cervical spine and bilateral shoulders, 2 times weekly for 4 weeks, 8 sessions:
Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Provider requested initial trial of 8 acupuncture sessions, which were modified to 3 by the utilization review. Per guidelines, 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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. Per guidelines and review of evidence, the request for 8 Acupuncture visits is not medically necessary.