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| Case Number: | CM15-0189566 | | |
| Date Assigned: | 10/01/2015 | Date of Injury: | 11/24/2014 |
| Decision Date: | 11/13/2015 | UR Denial Date: | 09/18/2015 |
| Priority: | Standard | Application Received: | 09/25/2015 |

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:

This is a 47 year old male with a date of injury on 11-24-14. A review of the medical records indicates the injured worker is undergoing treatment for right patella tendon tear, cervical radiculopathy, left shoulder muscle strain, bilateral hip, lumbar spine, neck and bilateral wrists. Progress report dated 9-4-15 reports continued complaints of pain at the base of neck rated 5 out of 10, lower back pain rated 5-10 out of 10 and bilateral hip pain and soreness rated 7 out of 10. He has complaints of occasional numbness and tingling in right fingertips. He is currently treating with acupuncture, the number of sessions and progress was not stated. Objective findings: areas of note are tender to palpation and have decreased range of motion due to pain. He has neck pain and numbness of skin with radicular features. Work status: modified work. Treatments include: medication, physical therapy, therapeutic exercises, crutches, knee brace, right wrist splint and acupuncture. Request for authorization was made for acupuncture 6 sessions, right knee, bilateral wrists, cervical and lumbar spine, left shoulder and hip per 9-4-15 order. Utilization review dated 9-18-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture on the right knee, bilateral wrists, cervical/lumbar spine and left shoulder/hip: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: According to evidenced based guidelines, 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. The claimant has had prior acupuncture of unknown quantity and duration. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore, further acupuncture is not medically necessary.