MAXIMUS Federal Services

Case Number:	CM15-0190365		
Date Assigned:	10/02/2015	Date of Injury:	04/30/2015
Decision Date:	11/25/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	09/28/2015

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 39 year old male, who sustained an industrial injury on 04-30-2015. He has reported subsequent left rib and chest pain and was diagnosed with left rib contusion Treatment to date has included oral non-steroidal anti-inflammatory medication and application of ice, which were noted to have failed to significantly relieve the pain. Left rib x-rays done on 07-17-2015 were noted to show no acute bony abnormalities. In a physician progress note dated 07-28-2015, the physician indicated that the injured worker had persistent swelling and pain over the left lower subcostal margin with questionable CT scan so a STAT MRI was performed. MRI of the left chest wall performed that day was noted to show 4.6x3.6 cm intramuscular hematoma involving the rectus abdominis musculature proximally along the left anterior chest wall. The physician noted that due to abnormal CT and MRI with continued left anterior chest pain, authorization was requested to a general surgeon for further evaluation and treatment recommendations. In a doctor's first report of illness of injury on 08-04-2015, the injured worker reported ongoing left upper chest pain and pain in the side with prolonged sitting and upper extremity movements. Objective examination findings revealed tenderness to palpation of the anterior chest wall, left axillae region as well as posterior chest wall. Work status was documented as modified. The physician noted that the injured worker reported having x-rays of the chest and that he was told he had a hematoma with no evidence of rib fractures but that he did not have the x-rays for review. The physician noted that acupuncture of the chest wall was being requested to help with pain secondary to contusion and healed hematoma as well as a CT scan of the chest to rule out pulmonary issues. A request for authorization of acupuncture, twice

a week for six weeks, for the chest wall was submitted. As per the 09-22-2015 utilization review, the request for acupuncture was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, twice a week for six weeks, for the chest wall: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The September 22, 2015 utilization review document denied the request for 12 acupuncture visits to the patient's chest wall citing CA MTUS acupuncture treatment guidelines. The reviewed medical records identified ongoing pain in the patient's left upper chest & with prolonged sitting and upper extremity movements. There was identified tenderness to palpation of the anterior chest wall and left axilla region as well as posterior chest wall. No ecchymosis was identified. The patient was diagnosed with a contusion of the chest wall and sprain with no traumatic hematoma identified. Reviewed re-examination findings prior to the request for acupuncture as well as imaging studies of the chest wall identified what appeared to be a hematoma with no evidence of rib fracture. The request for repeat CT and initiation of an initial course of acupuncture, 12 visits was for pain management of the chronic chest wall pain. The records did not identify any prior acupuncture management of either the anterior or posterior chest wall. The reviewed medical records did provide objective evidence of chest wall injury on several imaging studies as well as by clinical assessment but the request for 12 visits exceeds the CA MTUS acupuncture treatment guidelines for initiation of a trial of care that recommends 6 versus 12 visits. The medical necessity for initiation of acupuncture care was documented in the medical records which per CA MTUS treatment guidelines for the 6 him visit versus the requested 12 sessions. The request for 12 sessions exceeds acupuncture treatment guidelines.