

Case Number:	CM15-0193461		
Date Assigned:	10/07/2015	Date of Injury:	07/09/2003
Decision Date:	11/19/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/01/2015

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 60-year-old female who sustained an industrial injury on 07-09-2003. According to a progress report dated 08-20-2015, the injured worker was "doing reasonably well" status post revision left knee and primary right total knee. Cervical and lumbar symptoms continued. Cervical and lumbar spasm, pain discomfort and limited function were noted. Neck pain was rated 6-8 on a scale of 1-10. Back pain was rated 6-8. Knee pain was rated 4-6. Left shoulder pain was rated 6. Hip pain was rated 6-7. Wrist pain was rated 6. Current medications included Tramadol, Gabapentin, Flexeril and Omeprazole. Diagnoses included cervical discopathy, shoulder pain, status post L4-5 and L5-S1 posterior lumbar interbody fusion 10-31-2012, right knee arthritis with chronic effusion, right knee degenerative joint disease, left knee degenerative joint disease status post total knee arthroplasty 02-22-2010, headaches, head contusion, obesity, left shoulder lipoma, status post left total knee replacement 06-02-2014, status post spinal surgical fusion and decompression, lumbar discopathy and bilateral total knee arthroplasty. The treatment plan included aqua therapy, acupuncture and topical analgesics. Authorization requests dated 08-20-2015 were submitted for review. The requested services included aqua therapy, acupuncture, topical analgesics and orthopedic re-evaluation. On 09-21-2015, Utilization Review non-certified the request for acupuncture 2 x 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x4wks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The Acupuncture Treatment guidelines recommend 3-6 visits over 1-2 months to produce functional improvement. It states that acupuncture may be extended with documentation of functional improvement. Based on the submitted documents, it appears that the patient did not receive acupuncture in the past. Therefore, an initial trial appears necessary. However, the guideline recommends 3-6 visits. The provider's request for 8 acupuncture sessions exceeds the guidelines recommendation for an initial trial; therefore, the provider's request is not medically necessary at this time. Based on the submitted documents 6 acupuncture sessions would be appropriate.