

Case Number:	CM15-0194055		
Date Assigned:	10/07/2015	Date of Injury:	09/24/2012
Decision Date:	11/16/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/02/2015

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 62) year old male, who sustained an industrial injury on 9-24-12. The injured worker is diagnosed with cervical disc displacement, cervical spine radiculopathy, right shoulder rotator cuff tear, right biceps tendon tear, right wrist tenosynovitis, bilateral knee sprain-strain and right knee meniscal tear. His work status is temporary total disability. Notes dated 5-12-15 - 8-11-15 reveals the injured worker presented with complaints of constant, mild to moderate burning radicular neck pain and muscle spasms (right greater than left) and is associated with numbness and tingling of the bilateral upper extremities. The pain is increased by looking up and down as well as side-to-side and repetitive head and neck motions. He reports constant, moderate to severe burning right shoulder pain that radiates down the arm to the fingers and is associated by muscles spasms. His pain is increased by gripping, grasping, reaching pulling lifting and working above or at shoulder level. He reports mild to moderate burning right wrist pain and muscle spasms. The pain is increased by gripping, grasping, reaching, pulling and lifting. Lastly, he reports mild to moderate burning bilateral knee pain and muscle spasms that is increased by squatting, kneeling, ascending-descending stairs and prolonged standing and walking. His pain is rated at 4-5 out of 10. Physical examinations dated 5-12-15 - 8-11-15 revealed cervical spine tenderness to palpation at the "sub-occipital" region as well as over both "scalene and trapezius muscles" and decreased range of motion; distraction and compression tests are positive bilaterally. The right shoulder examination reveals decreased range of motion, positive Neer's impingement, Kennedy Hawkins and Jobe's tests, tenderness to palpation at the right trapezius and levator

scapula muscles. There is "acromioclavicular arthrosis and trigger points noted of the supraspinatus muscle" and range of motion reveals crepitus. The right wrist examination reveals tenderness to palpation over the "carpal bones, thenar and hypothenar eminence" bilaterally. Tinel's and Phalen's tests are positive. There is a slight sensory deficit to pinprick and light touch along the course of the "median nerve distribution" in the right upper extremity. The bilateral knee examination reveals the injured worker can squat to approximately 60% of normal due to pain, "there is crepitus noted with motion and there is a 1+ effusion". There is tenderness to palpation over the "medial and lateral joint line and the patellofemoral joint" bilaterally. Treatment to date has included medications, acupuncture and physical therapy. The therapeutic response was not addressed. Diagnostic studies to date have included urine toxicology screen (7-14-15) is negative, left knee MRI (5-25-15) and right shoulder MRI (5-15-15). A request for authorization dated 8-11-15 for acupuncture 3 times a week for 6 weeks for the right shoulder, knee and cervical spine is modified to 6 sessions, per Utilization Review letter dated 9-10-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3 times a week for 6 weeks for the right shoulder, right knee and cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The utilization review document of September 10, 2015 denied the treatment request for acupuncture, three visits per week for six weeks to manage residual right shoulder, knee and cervical spine residuals citing CA MTUS acupuncture treatment guidelines. The reviewed medical records did provide sufficient history and examination deficits supporting the application of acupuncture care to the regions requested but exceeded the CA MTUS acupuncture treatment guidelines recommendations for a trial of acupuncture care, six visits with subsequent documentation of functional improvement to support additional care if requested. The reviewed medical records did not support the initiation of 18 chiropractic visits to the patient's right shoulder, knee and cervical spine as was compliant with CA MTUS acupuncture treatment guidelines.