

Case Number:	CM15-0194530		
Date Assigned:	10/06/2015	Date of Injury:	12/09/2009
Decision Date:	11/16/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/21/2015

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:

The injured worker is a 66 year old female, who sustained cumulative industrial injuries from 12-09-2009-02-07-2012. She has reported subsequent neck, bilateral upper extremity, bilateral knee, bilateral hand, low back and bilateral lower extremity pain and was diagnosed with musculoligamentous sprain of the cervical spine, left upper extremity radiculitis, cervical disc bulges, internal derangement of the right knee, status post arthroscopy of the bilateral knees, osteoarthritis of the first metacarpal joint of the hands, lumbar disc bulges and L5 radiculopathy. Treatment to date has included pain medication, physical therapy, acupuncture, bracing, a home exercise program and surgery. A progress note dated 08-20-2014, shows that acupuncture for the neck and right knee were requested for six sessions and as per a 10-15-2014 progress note, the injured worker was noted to be attending therapy at J Acupuncture and the physician noted that the therapy was not helping. In a 02-04-2015 progress note, the injured worker was noted to be attending acupuncture therapy but there was no indication as to whether therapy was relieving pain or improving function. In a progress note dated 08-12-2015, the injured worker reported 8 out of 10 neck pain radiating to the shoulders and arms with numbness and tingling in the right more than the left, 8 out of 10 low back pain more on the right side than the left radiating down the legs with numbness and tingling in the toes and 7 out of 10 bilateral knee pain with swelling, popping, locking, giving out and bruising. The physician noted that the injured worker was attending therapy which was helping her to sleep but there was no specification as to the type of therapy being received. Objective examination findings showed crepitus medially, laterally and under patella, bilateral knees. Work status was documented as modified. The treatment plan

included acupuncture 2 times weekly for 8 sessions, continued pain medication, psychotherapy, gym membership and gastroenterology consultation. A request for authorization of outpatient acupuncture for 8 visits was submitted. As per the 08-17-2015 utilization review, the request for outpatient acupuncture for 8 visits was modified to certification of outpatient acupuncture six visits from 8-17-2015-9-21-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Acupuncture for 8 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 8 acupuncture sessions which were modified to 6 by the utilization review. Requested visits exceed the quantity supported by cited guidelines. Medical records documented decrease in pain and increase in range of motion; however, there is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. The documentation fails to provide baseline of activities of daily living and examples of improvement in activities of daily living as result of acupuncture. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per MTUS guidelines, 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 or decrease in medication intake. Per review of evidence and guidelines, additional 8 acupuncture treatments are not medically necessary.