

Case Number:	CM15-0198601		
Date Assigned:	10/14/2015	Date of Injury:	07/18/2012
Decision Date:	11/20/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 47 year old, female who sustained a work related injury on 7-18-12. A review of the medical records shows she is being treated for left ankle, right shoulder, right wrist, low back, left knee and neck pain. Treatments have included chiropractic treatments, home exercises and physical therapy. In the progress notes, the injured worker reports ongoing, constant to frequent, severe to moderate pain and soreness in left ankle. She has frequent, moderate right shoulder pain with weakness and stiffness. She has a slight decrease in pain here with chiropractic care. She has frequent, severe to moderate right wrist pain with tingling and soreness. There has been a slight decrease in this pain. She has frequent, moderate lower back pain with radiating pain and stiffness. She states this pain is "improving." She has frequent, moderate pain and stiffness in her left knee. She has "slight improvement" in this pain. She has frequent, severe to moderate, radiating neck pain with soreness and stiffness. She has a "slight decrease" in this pain. Her symptoms and complaints have not changed much in the last few office visits. On physical exam dated 8-28-15, she has tenderness and slight swelling in her left ankle. She has decreased range of motion in her left ankle. She has moderate tenderness in cervical spine. She has "slightly improved" cervical range of motion. She has moderate tenderness and decreased range of motion in right wrist. She has moderate tenderness in the lumbar area with "slightly improved" range of motion. She has moderate tenderness and decreased range of motion of left knee. She is not working. The treatment plan includes a request for acupuncture treatments. The Request for Authorization dated 8-28-15 has requests for spinal manipulation and physiotherapy, MRI scans of cervical and lumbar spine, bilateral

shoulders, right wrist and right thumb. In the Utilization Review dated 10-2-15, the requested treatment of outpatient acupuncture treatments 2x a week for 2 weeks on a trial basis to the cervical spine, lumbar spine, left ankle, right shoulder, right wrist and left knee is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient acupuncture treatments, 2 times a week for 2 weeks on a trial basis to the cervical spine, lumbar spine, left ankle, right shoulder, right wrist, and left knee:

Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The claimant sustained a work injury in July 2012 while working as a certified nursing assistant. She continues to be treated for chronic right shoulder and wrist, neck and low back, and left knee and ankle pain. When seen, there had been slight improvement in pain levels, duration of pain, and range of motion with chiropractic treatments, therapeutic exercises, and physiotherapy. Physical examination findings included multiple areas of tenderness with decreased range of motion. There was positive shoulder apprehension testing. Tinel's and Phalen's testing was positive. There was decreased strength and sensation. Authorization was requested for a trial of four acupuncture treatments. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented. In this case, the claimant has already had therapy and would be expected to be able to perform a home exercise program in combination with acupuncture treatments. The requested number of treatments is within guideline recommendations and is medically necessary.