

Case Number:	CM15-0199381		
Date Assigned:	10/14/2015	Date of Injury:	11/13/2007
Decision Date:	11/23/2015	UR Denial Date:	09/28/2015
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: California

Certification(s)/Specialty: Emergency 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 11-13-07. A review of the medical records indicates she is undergoing treatment for neck sprain and strain, shoulder and arm sprain and strain, and elbow sprain and strain. Medical records (8-5-15 to 9-16-15) indicate ongoing complaints of "moderate" cervical and lumbar spine pain, stiffness, and weakness, as well as "mild" pain, stiffness, and weakness of bilateral knees. The physical exam (9-16-15) reveals "moderate" tenderness to palpation spasms of the right shoulder, elbow, wrist, and hand. "Moderate" tenderness to palpation and spasm is noted in the left shoulder. Bilateral knees show tenderness to palpation, spasm, and (undetermined if moderate sensation changes or impaired range of motion due to hand written report with indiscernible columns, using "+" indicators in each column). Diagnostic studies are not indicated in the provided records. The injured worker is not working. Treatment has included acupuncture. 16 sessions were requested on 8-5-15. The records do not indicate the number completed. The utilization review (9-29-15) includes requests for authorization for acupuncture two times a week for nine weeks and an MRI of the right knee. Both requests were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment two times per week for nine weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, and Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The requested Acupuncture treatment two times per week for nine weeks is not medically necessary. CA MTUS Acupuncture Guidelines recommend note that in general acupuncture "may be used as an adjunct to physical rehabilitation." The injured worker has "moderate" cervical and lumbar spine pain, stiffness, and weakness, as well as "mild" pain, stiffness, and weakness of bilateral knees. The physical exam (9-16-15) reveals "moderate" tenderness to palpation spasms of the right shoulder, elbow, wrist, and hand. "Moderate" tenderness to palpation and spasm is noted in the left shoulder. Bilateral knees show tenderness to palpation, spasm, and (undetermined if moderate sensation changes or impaired range of motion due to hand written report with indiscernible columns, using "+" indicators in each column). The treating physician has not documented objective evidence of derived functional benefit from completed acupuncture sessions, such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention. The criteria noted above not having been met, Acupuncture treatment two times per week for nine weeks is not medically necessary.

MIR of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Special Studies.

Decision rationale: The requested MRI of the right knee is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) , Chapter 13, Knee Complaints, Special Studies and Diagnostic and Treatment Considerations, Page 343, note that imaging studies of the knee are recommended with documented exam evidence of ligament instability or internal derangement after failed therapy trials. The injured worker has "moderate" cervical and lumbar spine pain, stiffness, and weakness, as well as "mild" pain, stiffness, and weakness of bilateral knees. The physical exam (9-16-15) reveals "moderate" tenderness to palpation spasms of the right shoulder, elbow, wrist, and hand. "Moderate" tenderness to palpation and spasm is noted in the left shoulder. Bilateral knees show tenderness to palpation, spasm, and (undetermined if moderate sensation changes or impaired range of motion due to hand written report with indiscernible columns, using "+" indicators in each column). The treating physician has not documented physical exam evidence indicative of ligament instability or internal derangement, not recent physical therapy trials for the affected joints. The criteria noted above not having been met, MRI of the right knee is not medically necessary.