

Case Number:	CM15-0200279		
Date Assigned:	10/15/2015	Date of Injury:	11/25/2003
Decision Date:	12/02/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/13/2015

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:

This is 75 year old female with a date of injury on 11-25-03. A review of the medical record indicates that the injured worker is undergoing treatment for back, bilateral knees and right hand. Progress report dated 8-24-15 reports continued complaints of lumbar spine pain, ongoing right knee pain and pain at the metacarpal joint of both thumbs. Physical exam: right knee range of motion is limited, she has diffuse tenderness to palpation medially and laterally, minimal effusion of the knee and ligament testing within normal limits. Synvisc injection was given at this visit. Treatments include: medication, total knee replacement, acupuncture, physical therapy, TENS, chiropractic, synvisc injection right knee. Request for authorization was made for outpatient acupuncture to the lower back 2 times per week for 6 weeks. Utilization review dated 9-21-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient acupuncture to the lower back two (2) times a week for six (6) weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had twelve prior acupuncture sessions with no documented benefits. Since the provider fails to document objective functional improvement associated with prior acupuncture treatment, further acupuncture is not medically necessary.