

Case Number:	CM15-0202397		
Date Assigned:	10/19/2015	Date of Injury:	06/07/2012
Decision Date:	12/01/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/14/2015

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 51 year old male, who sustained an industrial injury on 6-7-12. Medical records indicate that the injured worker is undergoing treatment for cervical disc disease, lumbar disc herniation, ulnar nerve entrapment at the bilateral wrists and bilateral knee arthritis. The injured worker is currently retired. On (8-31-15) the injured worker complained of slightly worsening neck, low back, bilateral wrist and bilateral knee pain. The pain was rated 7 out of 10 on the visual analogue scale. Examination of the cervical spine and lumbar spine revealed tenderness in the midline. The injured worker had asymmetric loss of range of motion. Examination of the bilateral wrists revealed tenderness over the ulnar aspect on the right greater than the left, decreased grip (4+-5) bilaterally and a decreased sensation over the median aspect. Bilateral wrist range of motion was decreased. Examination of the bilateral knees revealed tenderness medially and mild crepitation with passive range of motion. A progress report dated 6-22-15 notes that the injured worker is receiving acupuncture treatments and massage therapy. The acupuncture and massage therapy were noted to be increasing the injured workers function and decreasing his pain, allowing him to do more activities of daily living for a longer period of time. Treatment and evaluation to date has included medications, physical therapy, massage, Supartz injections, acupuncture treatments (unspecified amount) and physical therapy (14). A current medication list was not provided. The request for authorization dated 9-17-15 is for acupuncture treatments two times a week for six weeks to multiple body parts. The Utilization Review documentation dated 9-25-15 non-certified the request for acupuncture treatments two times a week for six weeks to multiple body parts.

IMR ISSUES, DECISIONS AND RATIONALES

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

below: **Continued acupuncture 2 times a week for 6 weeks to multiple body parts:** 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 2X6 acupuncture sessions which were non-certified by the utilization review. Requested visits exceed the quantity supported by cited guidelines. Medical records discuss functional improvement but not in a specific and verifiable manner consistent with the definition of functional improvement as stated in guidelines. The documentation fails to provide baseline of activities of daily living and examples of improvement in activities of daily living as result of acupuncture. Additional visits may be rendered if the patient has documented objective functional improvement. 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, 12 acupuncture treatments are not medically necessary.