MAXIMUS Federal Services

Case Number:	CM15-0207919		
Date Assigned:	10/26/2015	Date of Injury:	06/02/2014
Decision Date:	12/30/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/22/2015

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 a 55-year-old female with a date of industrial injury 6-2-2014. The medical records indicated the injured worker (IW) was treated for cervical and lumbar strain and bilateral knee sprains, rule out internal derangement. In the initial orthopedic report (8-27-15), the IW reported left and right-sided neck pain with radiation into both upper extremities, including the posterior shoulders, arms and all digits of both hands with numbness and weakness, greater on the right. She reported constant pain in the low back with radiation in both lower extremities to her knees during her menses. The provider noted all her symptoms were controlled with topical analgesic patches, ointments and Advil and that TENS use during physical therapy was also beneficial. On examination (8-27-15 notes), there was tenderness in the lower right paracervical region and upper trapezius. The right shoulder was painful with extreme motions. There was no motor weakness in the upper extremities and reflexes were 2+ and equal bilaterally. Grip strength was 4-2-2 on the right and 10-4-2 on the left. The lower paralumbar region was generally sore, without tenderness in the sciatic outlet. Range of motion of the lumbar spine was less than normal. The bilateral knees were negative for laxity, instability, crepitus, effusion or gross swelling. The left knee was tender along the medial and lateral joint lines. There were no motor deficits or abnormal reflexes in the lower extremities. Treatments included physical therapy. MRI of the right knee on 1-15-15 showed a tear of the medial meniscus and partial tear of the posterior cruciate ligament. The IW was temporarily totally disabled. The provider recommended acupuncture to treat the IW's pain. A Request for Authorization was received for acupuncture twice a week for four weeks for the back, neck and bilateral knees. The Utilization

Review on 10-1-15 modified the request for acupuncture twice a week for four weeks for the back, neck and bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 4 weeks for the back, neck and bilateral knees: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Based on the submitted documents, it appears that the patient has not received acupuncture treatments in the past. The Acupuncture Treatment guidelines recommend an initial 3-6 visit to produce functional improvement. It states that acupuncture may be extended with documentation of functional improvement. It appears that a trial is necessary at this time. However, the provider's request for 8-acupuncture session for the back, neck, and bilateral knees exceeds the guidelines recommendation for an initial trial. Therefore, the provider's request is inconsistent with the evidence-based guidelines and therefore is not medically necessary or appropriate at this time. Six acupuncture sessions would be adequate to produce functional improvement and is appropriate for this case.