

Case Number:	CM15-0022128		
Date Assigned:	02/11/2015	Date of Injury:	08/08/2002
Decision Date:	03/30/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/05/2015

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:

The injured worker is a 59 year old female, who sustained an industrial injury on August 8, 2002. The injured worker has reported neck, right shoulder, low back, right ankle and right knee injuries. The diagnoses have included cervical spine strain, right elbow impingement syndrome, right elbow lateral epicondylitis, lumbosacral spine sprain/strain and bilateral knee osteoarthritis. Treatment to date has included pain medication, topical analgesics and chiropractic treatment. Current documentation dated January 16, 2015 notes that the injured worker presented with pain in the cervical and lumbar spine and pain in the right shoulder, elbow, knee and ankle. Physical examination of the cervical spine revealed a decreased range of motion. Cervical compression and foraminal compression testing were negative. Lumbar spine examination showed a decreased range of motion and a negative straight leg raise. Kemp's test caused pain. Right shoulder examination revealed pain and a decreased range of motion. Supraspinatus press caused pain. Right knee examination revealed swelling and a decreased range of motion. Apley's compression caused pain. Right ankle examination showed a decreased range of motion and an anterior Drawer test caused pain. Six acupuncture visits were authorized on 6/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment, 2 times a week for 6 weeks for the cervical spine, lumbar spine, right shoulder, right knee and right ankle, quantity: 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

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 prior acupuncture trial authorized. However, the provider fails to document objective functional improvement associated with the completion of the certified acupuncture trial. If this is a request for an initial trial, 12 visits exceeds the recommended guidelines for an initial trial.