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| Case Number: | CM15-0024310 | | |
| Date Assigned: | 02/11/2015 | Date of Injury: | 03/17/1999 |
| Decision Date: | 04/17/2015 | UR Denial Date: | 01/07/2015 |
| Priority: | Standard | Application Received: | 02/09/2015 |

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57-year-old male who reported an injury on 03/17/1999. The mechanism of injury was not specifically stated. The current diagnoses include tear of the medial meniscus of the knee, tear of the lateral meniscus of the knee, olecranon bursitis, lumbar spinal stenosis, osteoarthritis involving the lower leg, unspecified thoracic/lumbosacral neuritis/radiculitis, adhesive capsulitis of the shoulder, anxiety, and chronic pain syndrome. The injured worker presented on 09/15/2014 for a follow-up evaluation with complaints of persistent low back, left knee, left shoulder, bilateral elbow, and bilateral hand and wrist pain. The current medication regimen includes Cymbalta 30 mg, Percocet 7.5/325 mg, Zanaflex 4 mg, Motrin 800 mg, and Valium 10 mg. Upon examination of the lumbar spine, there was moderate tenderness at the pelvic rim and junction bilaterally. There was reduced range of motion with ipsilateral junctional discomfort. Examination of the left shoulder revealed tenderness to palpation with limited range of motion and 5/5 motor strength. Examination of the bilateral elbows revealed slight hypertrophy with bony prominence of the dorsal radial aspect of the olecranon and full range of motion. Examination of the left knee revealed slight restriction of medial and lateral excursion, minimal effusion, slightly increased warmth, retropatellar crepitation, and 6 to 104 degree range of motion. Recommendations at that time included acupuncture treatment once per week for 8 weeks, a gym membership, a urological consultation, and continuation of the current medication regimen. A Request for Authorization form was then submitted on 09/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Acupuncture treatments: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated and may be used as an adjunct to physical rehabilitation and/or surgical intervention. The time to produce functional improvement includes 3 to 6 treatments. The current request for 8 sessions of acupuncture would exceed guideline recommendations. The request as submitted also failed to indicate a specific body part. Given the above, the request is not medically appropriate at this time.