

Case Number:	CM15-0028133		
Date Assigned:	02/20/2015	Date of Injury:	09/05/2013
Decision Date:	03/30/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/13/2015

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: 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 50 year old female, who sustained a work injury on 9/5/13 as an administrative assistant with an elevator malfunction. She has reported symptoms of right knee swelling, tightness, with pain rated at 7/10, shoulder pain rated 8/10, and back pain rated 7/10. Prior medical history includes a seizure, hypertension, and migraines. Surgery history included an arthroscopy. The diagnoses have included chondromalacia patellae and rotator cuff syndrome. Treatments to date included medications and Transcutaneous Electrical Nerve Stimulation (TENS) unit. Diagnostics included a Magnetic Resonance Imaging (MRI) of the lumbar and cervical spine that demonstrated no evidence of acute or chronic trauma or fracture, degenerative disc disease, moderated bilateral neural foraminal narrowing at L4-5 with possible nerve root impingement of lumbar spine and moderate to severe neural foraminal stenosis at C3-4 on the left and C4-5 and C5-6 bilaterally. Medications included Keppra, Venpat, and Paroxetine. Examination noted right knee 2+ effusion, no tenderness, range of motion 140 degrees, with positive grind. The knee was aspirated for 14 cc of serous fluid. The treating physician recommended Acupuncture and chiropractic care for the knee. Exam from 1/26/15 noted right shoulder pain with tenderness in the subdeltoid bursa and bicipital tendon with positive Neer's and Hawkin's test. On 1/16/15, Utilization Review non-certified Acupuncture x 6 sessions, right knee, noting the California Medical treatment Utilization Schedule (MTUS); Acupuncture Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 6 sessions, right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported for medical necessity if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. The patient already underwent an unknown number of acupuncture sessions for multiple areas with unreported benefits. Without documenting any significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture, the additional acupuncture requested will not be supported as medically necessary.