

Case Number:	CM15-0211769		
Date Assigned:	10/30/2015	Date of Injury:	03/07/2015
Decision Date:	12/15/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/28/2015

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 63 year old male who sustained an industrial injury on 03-07-2015. According to a progress report dated 09-30-2015, the injured worker reported pain around the lower back, right buttock, right knee and right hand. Pain symptoms had persisted and she developed increasing pain around the right knee. Her persistent back and buttock pain appeared to limit her ability for prolonged standing and walking activities. Her persistent right hand pain seems to limit her ability to perform chopping and cooking related activities. She continued to get swelling of the right hand. Treatment to date has included "about 12 sessions" of acupuncture and medications. She reported that acupuncture treatments were helpful. Diagnoses included lumbar sprain, sprain of hand and sprain of knee. The treatment plan included MRI of the lumbar spine, physical therapy referral, acupuncture referral, Nortriptyline and Salonpas adhesive patch and orthopedic referral. On 10-09-2015, Utilization Review non-certified the request for acupuncture six visits for the left hip, left thigh and right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, six visits for the left hip, left thigh and right hand: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, and Low Back Complaints 2004, and Knee Complaints 2004, and Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The patient complained of back pain. The patient reported of receiving 12 acupuncture sessions and was reported to be helpful. There was no objective quantifiable documentation regarding functional improvement from prior acupuncture sessions. The guideline states that acupuncture may be extended with documentation of functional improvement. Therefore, the provider's request for 6 acupuncture session for the left hip, left thigh, and right hand is not medically necessary at this time.