

Case Number:	CM15-0214705		
Date Assigned:	11/04/2015	Date of Injury:	07/09/2003
Decision Date:	12/15/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/02/2015

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 60-year-old female who sustained an industrial injury 07-09-03. A review of the medical records reveals the injured worker is undergoing treatment for cervical discopathy, shoulder pain, right knee arthritis with chronic effusion, bilateral knee degenerative joint disease, headaches, head contusion, left shoulder lipoma, lumbar discopathy, and obesity. Medical records (09-25-15) reveal the injured worker reports a decrease in her back pain after the caudal injection 2 days prior to examination to 2/10. Left knee and bilateral wrist pain as well as headache pain is rated at 7/10. Neck pain is rated at 7-8/10, and hip pain is 6-7/10. The physical exam (09-25-15) reveals a "mild" antalgic gait. Cervical extension is painful. Extreme tightness is noted in the levator scapula musculature. A knot of muscle is noted in the trigger area along the medial trapezius and at the levator scapula of the shoulder blade. Shoulder retraction produces discomfort, relieved "slightly" by manual traction. Rotation of the head and neck bilaterally produces "significant" pain and only 30 degrees of rotation are noted. Cervical flexion is limited with pain. Lumbar spine range of motion is also limited. Shoulder abduction and extension are limited and painful. There is a grade 4 motor power on shoulder extension and shoulder abduction. There is diffuse tenderness along the medial and later aspect of the tibia, "mild" weakness of the quadriceps and hamstring muscle group, and "mild" numbness in the peri-incisional area. Bilateral knee range of motion is decreased. Prior treatment includes lumbar fusion, bilateral total knee replacement, home exercise program, and medications. The treating provider reports the plan of care a reevaluation of the left knee, and acupuncture treatments to the lumbar spine and left knee. The original utilization review (10-26-15) modified the request for 8 sessions of acupuncture to the left knee to 3 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x4 left knee: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. Given the patient continued symptomatic despite previous care (surgery, physical therapy, oral medication, injections, work modifications and self-care) an acupuncture trial for pain management and function improvement would have been reasonable and supported by the MTUS (guidelines). The guidelines note that the amount to produce functional improvement is 3-6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. Although the number of sessions requested (x 8) exceeds the guidelines, due to the complexity of this case (moderate-severe symptoms level, multiple areas involved, narcotics intake, prior surgeries, use of a cane for ambulation, etc.) the request is seen as appropriate and medically necessary.