

Case Number:	CM15-0222431		
Date Assigned:	11/18/2015	Date of Injury:	11/12/2012
Decision Date:	12/30/2015	UR Denial Date:	11/04/2015
Priority:	Standard	Application Received:	11/12/2015

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, Montana

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:

This is a 21 year old male with a date of injury of November 12, 2012. A review of the medical records indicates that the injured worker is undergoing treatment for myofascial pain syndrome and right thigh laceration. Medical records dated August 5, 2015 indicate that the injured worker complained of pain in the right posterior thigh, weakness of the right thigh, and numbness and tingling with muscle spasms. A progress note dated October 14, 2015 documented complaints similar to those reported on August 5, 2015. Per the treating physician (August 5, 2015), the employee was working. The physical exam dated August 5, 2015 reveals muscle spasms and trigger points along the right posterior and inner thigh, decreased sensation of the right thigh, and decreased range of motion of the right hip. The progress note dated October 14, 2015 documented a physical examination that showed no changes since the examination performed on August 5, 2015. Treatment has included physical therapy, medications (Naprosyn, Omeprazole, Flexeril, Neurontin, and Menthoderm cream), and at least three sessions of acupuncture. The utilization review (November 4, 2015) non-certified a request for eight sessions of acupuncture for the right thigh.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture twice a week for four weeks for the right thigh: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 8 acupuncture sessions for right thigh which were non-certified by the utilization review. Requested visits exceed the quantity supported by cited guidelines. The documentation fails to provide baseline of activities of daily living and examples of improvement in activities of daily living as result of acupuncture. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, 8 acupuncture treatments are not medically necessary.