

Case Number:	CM15-0039970		
Date Assigned:	03/10/2015	Date of Injury:	12/05/2013
Decision Date:	04/21/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/03/2015

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 55-year-old male and sustained an industrial injury on 12/5/13. The injured worker reported symptoms in the chest, back, groin and lower extremities. The injured worker was diagnosed as having status post right knee arthroscopy on 9/8/14, rule out left knee internal derangement/meniscal pathology, and rule out right lumbar radiculopathy, left chest wall injury with multiple fractures and right inguinal hernia. Treatments to date have included physical therapy, acupuncture treatments, transcutaneous electrical nerve stimulation unit, oral pain medications, and Lumbar-Sacral Orthosis. In a progress note dated 1/21/15 the treating provider reports the injured worker had low back pain with lower extremity symptoms, right knee pain, left knee pain, left ankle pain and left chest wall pain. Examination findings show tenderness lumbar spine, spasm of the lumbar paraspinal musculature decreased lumbar range of motion, and positive straight leg raise. Acupuncture facilitated diminution in pain and increased activity. The claimant is not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Acupuncture for the left check (unspecified frequency and duration): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture of unknown quantity and duration and had mild subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.