

Case Number:	CM15-0040083		
Date Assigned:	03/10/2015	Date of Injury:	11/18/2014
Decision Date:	04/14/2015	UR Denial Date:	02/04/2015
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 a 66 year old female, who sustained an industrial injury on 11/18/2014. She has reported a fall injuring the left knee and left wrist. The diagnoses have included cervical sprain with degenerative disc disease/spondylosis, lumbar sprain with degenerative disc disease and spondylosis, and bilateral shoulder, knee and ankle sprain/strains. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) and physical therapy. Currently, the IW complains of neck, bilateral upper extremity, low back, left knee, and right leg pain and weakness. The physical examination 1/8/2015 documented multiple findings including cervical tenderness, limited and painful Range of Motion (ROM), positive Neer and Hawkins test in bilateral shoulder, lumbar tenderness with use of a low back brace, and bilateral knee significant for effusion on the left, with a positive grind and McMurray's tests. The plan of care included work restriction and continued Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) use, continued physical therapy and initiate acupuncture treatments. 4 sessions of acupuncture were certified on 3/17/2015. Per a PR-2 dated 2/12/2015, the claimant has an increase of her conditions and has pain in the neck, shoulders, headaches, low back, left knee and left ankle. She is scheduled to start acupuncture on 2/18/2015. She is not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions of Acupuncture, 1 Time A Week for 6 Weeks for Left Ankle: 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 trial authorized. However, the provider fails to document objective functional improvement associated with the completion of the certified acupuncture trial. Therefore, further acupuncture is not necessary at this time.