

Case Number:	CM15-0041574		
Date Assigned:	03/11/2015	Date of Injury:	11/28/2012
Decision Date:	04/14/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/04/2015

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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 55 year old woman sustained an industrial injury on 11/28/2012. The mechanism of injury is not detailed. Evaluations include right knee MRI and electrodiagnostic studies. Current diagnoses include status post right shoulder arthroscopy, right rotator cuff tear, chondromalacia/early arthritis of the right knee, status post open reduction internal fixation of the right distal radius fracture, and chronic lumbar spine strain/sprain superimposed on degenerative joint disease. Treatment has included oral medications and surgical intervention. Physician notes on a PR-2 dated 2/13/2015 show complaints of right knee, right shoulder, right hand/wrist, and chronic low back pain. Recommendations include epidural injections or facet blocks or Euflexxa injection to the knee joint, short course of acupuncture therapy, continue current medication regimen, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1x6 for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request is considered not medically necessary. As per MTUS guidelines, "acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm." The patient has multiple injuries. The rationale for acupuncture of lumbar spine was not elaborated on in the chart. There is lack of documentation of all modalities of treatment attempted for the lumbar spine and what the outcome was for each treatment. There is no documentation of the range of motion of the spine, if there were muscle spasms, or evidence of inflammation that would benefit from acupuncture. Therefore, the request is considered not medically necessary.