

Case Number:	CM15-0050386		
Date Assigned:	03/23/2015	Date of Injury:	10/16/2014
Decision Date:	05/01/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/17/2015

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 53 year old female, who sustained an industrial injury on October 16, 2014. She reported a slip and fall with injury to her neck, lower back, right shoulder and right arm. The injured worker was diagnosed as having cervical sprain, right shoulder impingement, right carpal tunnel syndrome, lumbar sprain/strain and internal derangement of the knee not otherwise specified. Treatment to date has included diagnostic studies, acupuncture, medications, injection and physical therapy. On January 19, 2015, the injured worker complained of worsening left knee symptoms and instability. Physical examination revealed spasm and tenderness to palpation in the paraspinal muscles. Cervical spine range of motion was restricted. The right anterior shoulder was tender to palpation with restricted range of motion. Impingement sign on the right was positive. The joint line was tender to palpation at the left knee. The treatment plan included medications, MRI of the left knee, acupuncture, modified work with restrictions and a follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3x4 for the neck, lower back, right shoulder, right arm/hand, wrist, and left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported for medical necessity if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. Despite that an unknown number of acupuncture sessions were previously authorized, the provider did not report how many were completed and the gains obtained with such care (ie medication intake reduction, work restrictions reduction, ADLs improvement amongst others). Without evidence of any sustained, significant, objective functional improvement (quantifiable response to treatment) obtained with previous acupuncture provided, additional acupuncture will not be supported for medical necessity by the guidelines. In addition the request is for acupuncture x 12, number that exceeds significantly the guidelines without a medical reasoning to support such request. Therefore, the additional acupuncture x 12 is not supported for medical necessity.