

Case Number:	CM15-0053856		
Date Assigned:	03/27/2015	Date of Injury:	03/31/2014
Decision Date:	05/05/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/20/2015

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 38 year old female, who sustained a work/industrial injury on 3/31/14. She has reported initial symptoms of pain to left wrist, forearm, and elbow. The injured worker was diagnosed as having lateral epicondylitis, other afflictions of the shoulder region, displacement of lumbar intervertebral disc without myelopathy, neck sprain, carpal tunnel syndrome, and other unspecified disorders of the bursae and tendons of the shoulder region, spasm of muscle, lumbar sprain, and sprain of unspecified site of the wrist. Treatments to date included medication and diagnostics, Magnetic Resonance Imaging (MRI) was performed on 9/17/14 (lumbar spine). Currently, the injured worker complains of pain in the bilateral wrists, shoulders, and thoracic/lumbar/cervical spine. The treating physician's report (PR-2) from 2/3/15 indicated motor strength was 4/5 bilaterally in the grip. Deep tendon reflexes are normal. There is an antalgic gait and limp. Cervical spine had no bruising, swelling, atrophy, or lesion with normal range of motion. There was tenderness to palpation of the bilateral trapezii, cervical paravertebral muscles, and suboccipitals with spasm. Thoracic spine had no bruising, swelling, atrophy, or lesion and range of motion was normal. There is tenderness to palpation of the paravertebral muscles with negative Kemp's test. There is tenderness to palpation of the bilateral S1 joints and lumbar paravertebral muscles with spasm and positive straight leg raise. Also noted was muscle spasm of the anterior shoulder and posterior shoulder, Neer's and Hawkin's test is positive. There is tenderness to palpation of the dorsa wrist, lateral wrist, medial wrist, and volar wrist, Tinel's is negative, Phalen's is positive, and carpal compression is positive. Finkelstein's is negative. Treatment plan included acupuncture sessions for the lumbar spine and left knee. The

claimant has had at least 17 sessions of acupuncture from 10/3/14 to 2/13/15. There are reports that state the claimant is slightly improved.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Acupuncture sessions for the lumbar spine 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: 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.