

Case Number:	CM15-0064177		
Date Assigned:	04/10/2015	Date of Injury:	02/04/2015
Decision Date:	07/01/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	04/03/2015

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 52 year old male who sustained an industrial injury on 2/4/2015. His diagnoses, and/or impressions, include: chronic uncontrolled diabetes type II; chronic foot pain when wearing steel boots; and non-compliance with medication regimen. His treatments have included diabetic diet, podiatry referral, and medication management. The patient has had diagnostic laboratories and urine dipstick testing, glucometer for blood sugar checks. The progress notes of 12/11/2014, note complaints of swollen feet from being made to wear steel boots, for his job, that cause him pain. It is noted he has a history of uncontrolled, type II diabetes and has been off medication x 1 year while trying to become diet controlled and that he had been non-compliant with his medication regimen. The physician's requests for treatments included acupuncture treatments for the left shoulder, left arm, left hip and bilateral legs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x8, left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, Acupuncture Treatment Guidelines.

Decision rationale: Regarding acupuncture for shoulder complaints, ACOEM Guidelines states that some small studies have supported using acupuncture, but referral is dependent on the availability of experienced providers with consistently good outcomes. However, the guidelines make no recommendation on the number of acupuncture sessions. Therefore, an alternative guideline was consulted. The Acupuncture Medical Treatment Guidelines recommend acupuncture for pain. The guidelines recommend a trial of 3 to 6 treatments with a frequency of 1 to 3 times a week over 1 to 2 months to produce functional improvement. Acupuncture treatments may be extended if functional improvement is documented. There was no evidence of prior acupuncture treatments. Therefore, the patient is a candidate for a trial of acupuncture care. However, the provider's request for 16 acupuncture sessions to the left shoulder exceeds the guidelines recommendation for an initial trial. The provider's request is inconsistent with the evidence-based guidelines and therefore is not medically necessary at this time.

Acupuncture 2x8, arm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: There was no evidence of prior acupuncture treatments. An initial acupuncture trial may be necessary. However, the provider's request for 16-acupuncture session to the arm exceeds the guidelines recommendation for an initial trial. The provider's request is inconsistent with the evidences based guidelines and therefore is not medically necessary at this time.

Acupuncture 2x8, hip: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guideline recommends acupuncture for pain. The provider's request for 16-acupuncture session to the hips exceeds the guidelines recommendation for an initial trial and therefore is not medically necessary at this time. The guideline recommends 3-6 visits over 1-2 months to produce functional improvement. Additional acupuncture sessions beyond the 6 initial sessions may be medically necessary with documentation of functional improvement.

Acupuncture 2x8 bilateral legs: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The provider's request for 16 acupuncture sessions for the bilateral legs exceeds the guidelines recommendation for an initial acupuncture trial. The guideline recommends 3-6 treatments to produce functional improvement. It states that acupuncture may be extended with documentation of functional improvement. The provider's request is inconsistent with the evidence based guidelines and therefore is not medically necessary at this time.