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| Case Number: | CM15-0087288 | | |
| Date Assigned: | 05/11/2015 | Date of Injury: | 05/09/2012 |
| Decision Date: | 06/17/2015 | UR Denial Date: | 04/28/2015 |
| Priority: | Standard | Application Received: | 05/06/2015 |

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 51 year old male, who sustained an industrial injury on 05/29/2012. On provider visit dated 04/13/2015 the injured worker has reported left knee, left ankle and lumbar spine pain. On examination of the lumbar spine, there was spasm and tenderness note to the bilateral lumbar paraspinal muscles from L1 to S1 and multifidus. Kemp's test was positive bilaterally. Straight leg raise test was positive on the left and Yeoman's was noted to be positive bilaterally. Left patellar reflex was decreased, knees were tender to palpation, McMurray's test was positive on the left and grinding test was positive on the left. Ankle and feet were noted to have spasms and tenderness to the left lateral malleolus, left anterior heel and left plantar fascia. Valgus test was positive on left. The diagnoses have included lumbar spondylosis with myelopathy, tear of the lateral meniscus of the left knee, tear of medial meniscus of the left knee, bursitis of the left knee, tendinitis-bursitis- capsulitis of the left foot and plantar fasciitis of the left foot and left ankle sprain/strain. Treatment to date has included injections, medication and completed 18 sessions of acupuncture therapy. The provider requested Acupuncture 3 times per wk for 2 wks (6 sessions), Left Ankle/Knee, and Lumbar Spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3 times per wk for 2 wks (6 sessions), Left Ankle/Knee, Lumbar Spine:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has had 18 prior acupuncture sessions. Provider requested additional 6 acupuncture sessions which were non-certified by the utilization review. Per medical notes; after first 5 acupuncture sessions patient was able to walk for about 10-15 minutes with less pain; after 10 sessions her pain decreased from 8.5 to 7 on VAS; she was able to stand and do dishes with less pain; after 18 acupuncture sessions she was able to decrease tramadol 50mg from twice/day to once. Patient has had extensive acupuncture with documented improvement; however, medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Per review of evidence and guidelines, 2x3 acupuncture treatments are not medically necessary.