

Case Number:	CM14-0183436		
Date Assigned:	11/10/2014	Date of Injury:	12/19/2005
Decision Date:	12/17/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/04/2014

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. The expert reviewer is licensed in Chiropractic and Acupuncture and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 58 years old female who reported neck, left shoulder, left ankle, bilateral wrist and knee pain from injury sustained on 12/19/05. Mechanism of injury was not documented in the provided medical records. Patient is diagnosed with arm/hand/wrist pain; cervicgia; sprain/strain of bilateral wrists; cervical spondylosis without myelopathy; lumbago; spasm of muscles; lumbosacral spondylosis without myelopathy and knee pain. Patient has been treated with medication, therapy and acupuncture. Per medical notes dated 07/31/14, patient complains of hip, shoulder, forearm pain as well as knee pain. Patient continues to feel better with acupuncture. Patient notes back pain and stiffness and feels low back flare-up. Examination revealed swollen knees, tenderness to palpation of the paraspinal muscles. Per acupuncture progress notes, patient reports decreased pain and increased ability to perform ADLs. Patient has pain in the thoracolumbar region. Examination revealed decreased muscle spasm and tenderness to affected parts. Provider requested additional 9 acupuncture sessions. 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture treatment, quantity 9: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The injured worker is a 58 years old female who reported neck, left shoulder, left ankle, bilateral wrist and knee pain from injury sustained on 12/19/05. Mechanism of injury was not documented in the provided medical records. Patient is diagnosed with arm/hand/wrist pain; cervicalgia; sprain/strain of bilateral wrists; cervical spondylosis without myelopathy; lumbago; spasm of muscles; lumbosacral spondylosis without myelopathy and knee pain. Patient has been treated with medication, therapy and acupuncture. Per medical notes dated 07/31/14, patient complains of hip, shoulder, forearm pain as well as knee pain. Patient continues to feel better with acupuncture. Patient notes back pain and stiffness and feels low back flare-up. Examination revealed swollen knees, tenderness to palpation of the paraspinal muscles. Per acupuncture progress notes, patient reports decreased pain and increased ability to perform ADLs. Patient has pain in the thoracolumbar region. Examination revealed decreased muscle spasm and tenderness to affected parts. Provider requested additional 9 acupuncture sessions. 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.