

Case Number:	CM14-0215883		
Date Assigned:	01/05/2015	Date of Injury:	09/20/2013
Decision Date:	02/28/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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 76year old female who reported right hip, neck, shoulder, and low back pain from injury sustained on 09/20/13. Mechanism of injury was not documented in the provided medical records. Patient is diagnosed with cervical disc disease, cervical strain; right shoulder strain; bilateral hip osteoarthritis, right hip subcapital non displaced fracture, left hip acetabular labral tear; right wrist strain; lumbar spine strain. Patient has been treated with medication, physical therapy, and acupuncture. Per acupuncture progress notes dated 09/09/14, patient complains of neck, shoulder, low back, and bilateral hip pain. Examination revealed tightness and pain in the cervical spine, trapezius, thoracic region, sacral region, and bilateral hips with radiating pain to the legs. Patient states she does feel improvement with acupuncture treatments with decrease in pain and increase in the comfortable range of motion. Per medical notes dated 12/04/14, patient complains of bilateral hip pain right greater than left. She has been receiving acupuncture treatment and reports this is helpful in managing her pain. She takes medication as prescribed without adverse reaction. Pain is rated at 8-9/10. She ambulates with a cane. Examination revealed restricted range of motion in all direction with pain and tenderness. Provider requested additional 2X3 acupuncture treatments which were non-certified by the utilization review. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture to the right hip 2 times per week for 3 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient has had prior acupuncture treatment. The provider requested additional 2X3 acupuncture treatments which were non-certified by the utilization review. Per medical notes dated 12/04/14, she has been receiving acupuncture treatments and reports this is helpful in managing her pain. Patient is a candidate for hip surgery. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. 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. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, 2x3 acupuncture treatments are not medically necessary.