MAXIMUS Federal Services

Case Number:	CM14-0216259		
Date Assigned:	01/06/2015	Date of Injury:	09/18/2013
Decision Date:	02/28/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	12/24/2014

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:

According to the records made available for review, this is a 57-year-old female with a date of injury on 09/18/2013. Documentation from 08/11/2014 indicated that the injured worker sustained a fall with subsequent pain to the neck, left wrist, left groin, and left knee. Orthopedic evaluation from 08/11/2014 indicated the impression of left wrist sprain, left groin strain, and status post knee surgery on 03/24/2014. Subjective findings from 11/17/2014 indicated ongoing pain to the left groin, left wrist, and the left knee. Physical examination from this date was remarkable for tenderness to the medial joint line of the left knee, tenderness to the left anterior groin with full range of motion, mild antalgic left hip gait, near full range of motion with pain on flexion of the left wrist, and tenderness in the dorsal radial region of the left wrist. Magnetic resonance imaging of the left lower extremity performed on 06/24/2014 was remarkable for trace left hip effusion and a small amount of fluid in the right greater trochanteric bursa that may represent mild bursitis. Prior treatments offered to the injured worker included physical therapy, Kenalog injection to the left knee under ultrasound on 09/22/2014, and a medication history of Omeprazole, Naproxen Sodium, and Cyclobenzaprine HCL . While documentation provided noted prior physical therapy there was no documentation of quantity, treatment plan, or results of prior physical therapy. The medical records provided did not indicate specific details of with regards to functional improvement, improvement in work function, or in activities of daily living. Medical records from 11/17/2014 noted the injured worker to be off work and for the injured worker to continue at this work status. On 12/23/2014, Utilization Review non-certified the prescription of eight outpatient acupuncture treatments for the left hip for a total of eight sessions

(duration and frequency unspecified). The acupuncture treatments was noncertified based on California Chronic Pain Medical Treatment Guidelines (Effective July 18, 2009), page 13 of 127, with the Utilization Review noting that the injured worker's medication regimen was noted to be helpful and tolerated, thereby, the use of acupuncture therapy is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Outpatient Acupuncture sessions for the Left Hip: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient has not had prior Acupuncture treatment. The provider requested initial trial of 8 acupuncture sessions for left hip which were non-certified by the utilization review. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS Definition 9792.20 (f) 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. Per guidelines and review of evidence, 8 Acupuncture visits are not medically necessary.