

Case Number:	CM14-0216759		
Date Assigned:	01/06/2015	Date of Injury:	11/15/2010
Decision Date:	02/28/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/26/2014

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 63 year old male who reported low back, right shoulder and knee pain from injury sustained on 11/15/10 after moving large barrels of photo waste. Patient is diagnosed with status post right shoulder surgery; status post right total knee replacement; status post left L5-S1 decompression; generalized abdominal discomfort, uncertain etiology. Patient has been treated with medication, surgery, physical therapy, and possible acupuncture. Per medical notes dated 10/27/14, patient complains of right shoulder pain rated at 6/10, left knee pain rated 7/10, right knee pain rated 6/10, low back pain rated 5/10 with lower extremity symptoms. He complains of generalized abdominal discomfort. Examination revealed tenderness to palpation of the right shoulder diffusely with limited range of motion, tenderness to palpation of the left knee and right knee, and limited range of motion of the lumbar spine. Provider requested 12 acupuncture treatments for lumbar spine and left knee 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:

12 sessions of acupuncture for treatment of the left knee and lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: It is unclear if the patient has had prior acupuncture visits or if the request is for initial trial of care. Medical records indicate that the provider has requested acupuncture previously; however, medical records fail to document if the treatments were authorized/administered. Provider is requested 12 acupuncture treatments for left knee and lumbar spine which were non-certified by the utilization review. 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. Requested visits exceed the quantity supported by cited guidelines. Per review of evidence and guidelines, 12 acupuncture treatments are not medically necessary.