

Case Number:	CM15-0011947		
Date Assigned:	02/02/2015	Date of Injury:	07/28/2014
Decision Date:	03/18/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/21/2015

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: 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 55 year old male, who sustained an industrial injury on 7/25/14. He has reported neck, back, bilateral shoulder and right knee pain. The diagnoses have included secondary restrictive lung disease and groin/testicular pain. Treatment to date has included acupuncture, physical therapy and medications. Currently, the injured worker complains of moderate difficulty with activities of daily living, driving and walking. Progress note dated 11/6/14 noted decreased range of motion and tenderness on palpation of cervical spine, lumbar spine and posterior aspect of olecranon process of right elbow. On 1/5/15 Utilization Review non-certified acupuncture of right elbow, right, cervical, thoracic, lumbar spine and bilateral shoulders, noting the lack of documentation of medication being reduced or not tolerated and lack of documentation the acupuncture would be used as an adjunct to physical rehabilitation or surgical intervention. The MTUS, ACOEM Guidelines, was cited. On 1/16/15, the injured worker submitted an application for IMR for review of acupuncture of right elbow, right, cervical, thoracic, lumbar spine and bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of Acupuncture right elbow, right knee, cervical, thoracic, lumbar spine, bilateral shoulders: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The report from the provider dated 12-08-14, documented the patient was complaining of moderate-severe, frequent pain that was not responsive to prior physical therapy. Therefore, an acupuncture trial x 6 was requested. In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. As the patient continued symptomatic despite previous care (physical therapy, oral medication, work modifications and self care) the acupuncture trial requested for pain management is supported by the MTUS. The current mandated guidelines note that the amount to produce functional improvement is 3 to 6 treatments; therefore the request for six acupuncture sessions is within guidelines, appropriate, and medically necessary.