

Case Number:	CM15-0110432		
Date Assigned:	06/17/2015	Date of Injury:	03/13/2006
Decision Date:	07/21/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/08/2015

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: 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 72 year old female, who sustained an industrial/work injury on 3/13/06. She reported initial complaints of right knee and shoulder pain. The injured worker was diagnosed as having right knee tendonitis/osteoarthritis, right shoulder rotator cuff tear. Treatment to date has included medication, diagnostics, and surgery. MRI results were reported on 2/14/12. X-Rays results were reported on 6/17/14 of right shoulder and 3/25/13 of the lumbar spine. Currently, the injured worker complains of continued right knee pain, pain in rising from a sitting position. Per the primary physician's progress report (PR-2) on 5/6/15, examination revealed a well healed incision of the right knee and marked mild effusion. The right patella tracks well without tilt or subluxation, positive findings of the patella grid test and inhibition test. Current plan of care included acupuncture. The requested treatments include Acupuncture 12 sessions. Six acupuncture sessions were authorized on 5/21/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to evidenced based guidelines, further acupuncture after an initial trial is medically necessary based on functional improvement. Functional improvement is defined as a clinically significant improvement in activities of daily living, a reduction in work restrictions, or a reduction of dependency on continued medical treatments or medications. The claimant has had prior acupuncture trial authorized. However, the provider fails to document objective functional improvement associated with the completion of the certified acupuncture trial. If this is a request for an initial trial, 12 visits exceeds the recommended guidelines for an initial trial. The request is not medically necessary.