

Case Number:	CM15-0110714		
Date Assigned:	06/17/2015	Date of Injury:	04/07/2015
Decision Date:	08/05/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/09/2015

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 66 year old female, who sustained an industrial injury on 4/7/15. She has reported initial complaints of a back, right wrist and right knee injury. The diagnoses have included cervical strain/sprain, right knee contusion, upper back contusion, right wrist contusion, and right elbow strain/sprain. Treatment to date has included medications, activity modifications, rest, diagnostic x-rays, physical therapy, acupuncture and other modalities. Currently, as per the physician progress note dated 5/7/15, the injured worker complains of tenderness of the right knee with edema with radiation down the right lower extremity (RLE). There is pain in the right upper trapezius, right shoulder with right elbow pain, right wrist with weakness and across the upper back area. It is noted that physical therapy and acupuncture have helped. The physical exam reveals that there is neck stiffness and splinting, tenderness and restricted range of motion. The right shoulder reveals tenderness, spasms, decreased range of motion and weakness. There is tenderness noted in the thoracolumbar spine. There are previous acupuncture and physical therapy sessions noted in the records. The physician noted that the injured worker is not working due to modified duty not being available and her recovery is slower than anticipated. Treatment is to continue with physical therapy and acupuncture. The physician requested treatment included additional acupuncture treatment 2 times a week for 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture treatment 2 x a 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 Acupuncture Medical Treatment guideline states that acupuncture may be extended with documentation of functional improvement. The patient received acupuncture in the past. According to the progress report dated 5/14/2015, the patient was attending physical therapy and acupuncture. It was noted that the patient was in 5 weeks into care and is not improving. There was no documentation of functional improvement from prior acupuncture treatments. Therefore, the provider's request for 6 additional acupuncture sessions is not medically necessary at this time.