

Case Number:	CM15-0110784		
Date Assigned:	06/17/2015	Date of Injury:	02/28/2014
Decision Date:	07/21/2015	UR Denial Date:	05/14/2015
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 56 year old female who sustained an industrial injury on 02/28/2014 resulting in pain to the head, neck, shoulders, arms, wrist, hands, mid and low back, knees and legs. Treatment provided to date has included: medications, and conservative therapies/care. Diagnostic tests performed include: reported electrodiagnostic and nerve conduction testing (02/17/2015) showing evidence of bilateral carpal tunnel syndrome. Other noted dates of injury documented in the medical record include: cumulative trauma from 06/26/2006 through 02/28/2014. There were no noted comorbidities. On 05/07/2015, physician progress report noted complaints of pain in the knees and neck. The pain was not rated, but was described as radiating with numbness and tingling. Current medications include naproxen, trazodone and omeprazole. There were no objective physical exam findings reported. The provider noted diagnoses of cervical spine strain/sprain and bilateral knee strain/sprain. Plan of care includes acupuncture (12 sessions) for the neck and bilateral knees. The injured worker's work status remained temporarily totally disabled. The request for authorization and IMR (independent medical review) includes: 12 sessions of acupuncture for the neck and bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 6 weeks for the neck and bilateral knees: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Provider requested initial trial of 2X6 acupuncture sessions 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, 2X6 Acupuncture visits are not medically necessary.