

Case Number:	CM15-0112516		
Date Assigned:	06/19/2015	Date of Injury:	01/05/2014
Decision Date:	07/23/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/11/2015

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 47 year old female who sustained a work related injury January 5, 2014. Past history included diabetes, gastritis, right knee arthroscopy October, 2014, left knee arthroscopy March, 2015. According to a primary treating physician progress report, dated May 6, 2015, the injured worker presented with complaints of burning radicular neck pain, rated 4-5/10 associated with numbness and tingling in the bilateral upper extremities. She also reports severe headaches and vision disturbances. There is bilateral shoulder pain radiating down to the arms and fingers, rated 5-6/10, bilateral burning elbow pain rated 4-5/10, with weakness, numbness and tingling radiating to the hands and fingers, bilateral burning wrist pain, rated 4/10, burning low back pain, rated 5-6/10, with numbness and tingling to the bilateral lower extremities, bilateral knee pain, rated 5-6/10, with numbness, tingling and pain radiating to the feet, and burning right ankle pain. Diagnoses are visual disturbance; headaches; cervicgia; cervical disc displacement and radiculopathy r/o injury of muscle tendon of rotator cuff, bilateral shoulder; bilateral elbow, wrist knee, r/o derangement. Treatment plan included discussion of medication, request for a cane, referral for a functional capacity evaluation and psychologist consultation. At issue, is a request for authorization for acupuncture for the bilateral ankles, knees and shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for Bilateral Ankles, Knees and Shoulders 12 Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested additional 12 acupuncture sessions which were non-certified by the utilization review. Requested visits exceed the quantity supported by cited guidelines. 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. Per review of evidence and guidelines, 12 acupuncture treatments are not medically necessary.