

Case Number:	CM15-0113484		
Date Assigned:	06/19/2015	Date of Injury:	09/27/2014
Decision Date:	07/21/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/12/2015

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 (IW) is a 42 year old male who sustained an industrial injury on 09/27/2014. He reported a blow to the abdomen. The injured worker was diagnosed as having a colon perforation and splenic injury requiring immediate surgery. Further diagnoses include aftercare for surgery from injury or trauma; cervical disc herniation without Myelopathy; thoracic disc displacement without myelopathy; lumbar disc displacement without myelopathy; partial tear of rotator cuff tendon carpal sprain/strain; anxiety; and sleep disorder. Treatment to date has included abdominal surgery (09/27/2014), physical medicine, x-rays, medication, internal medicine. Currently (05/28/2015), the worker complained of frequent moderate, sharp and throbbing pain in the cervical spine that was aggravated by lying down. He complained of frequent sharp moderate pain in the thoracic spine aggravated by prolonged sitting. In the lumbar spine the IW had frequent moderate pain described as burning and intensified by walking and standing. The right shoulder had intermittent moderate sharp pain aggravated by standing up. He also has pain in the left shoulder. Complaints of constant moderate pain best described as numbness and tingling was present in the right wrist and hand with numbness and tingling in the left hand. Pain in the abdomen was present and described as constant moderate burning aggravated by movement. He also complained of frequent minimal buzzing in his left ear. Objectively there was a trigger point to the bilateral paraspinal muscles from c2-C6 in the bilateral sub occipital muscles and bilateral upper shoulder muscles. Axial compression test was positive bilaterally, distraction test and shoulder depression test were positive bilaterally and the biceps reflex was decreased bilaterally. The chest/abdomen had a large post-surgical scar and a

contusion in the left lower quadrant. There was a trigger point to the right rotator cuff muscles and right upper shoulder muscles. The wrists and hands had +3 spasm and tenderness to the right posterior extensor tendons and right anterior wrist. Treatment plan includes additional acupuncture sessions. A request for authorization was made on 06/04/2015 for 2 x 3 acupuncture therapy, cervical, thoracic, lumbar, right shoulder and right wrist. Per a PR-2 dated 5/28/2015, the claimant has completed 17 acupuncture sessions with functional improvement described as being able to walk 30 minutes at a time.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 x 3 acupuncture therapy, cervical, thoracic, lumbar, right shoulder & right wrist:
Overturned

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 functional benefit of being able to walk 30 minutes from being barely able to walk. Therefore, six further acupuncture visits are medically necessary.