

Case Number:	CM15-0115650		
Date Assigned:	06/24/2015	Date of Injury:	12/04/2014
Decision Date:	07/28/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/16/2015

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 40-year-old male, who sustained an industrial injury on 12/04/2014. On provider visit dated 05/21/2015 the injured worker has reported left knee pain, neck, shoulder, leg, low back and arm pain bilaterally. On examination of the cervical examination, cervical lordosis was decreased, spasm was decreased and tenderness was noted. Cervical range of motion was decreased. Lumbar examination revealed a positive straight leg raise on the left and a decreased range of motion. Shoulders were noted to have tenderness bilaterally; swelling was noted as well as a decreased range of motion. The diagnoses have included posttraumatic myofascial pain syndrome, bilateral shoulder strain and rotator cuff injury, post-concussion syndromes, lumbar radiculopathy, lumbar sprain/strain and cervical sprain/strain. Treatment to date has included medication and marijuana to help control pain. The provider requested electro acupuncture with infrared and myofascial release, 2 times wkly for 3 wks., 6 sessions. The claimant has had 8 prior acupuncture sessions with reported benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electroacupuncture with infrared and myofascial release, 2 times wkly for 3 wks, 6 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 of unknown quantity and duration and had mild subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore, further acupuncture is not medically necessary.