

Case Number:	CM15-0116848		
Date Assigned:	06/25/2015	Date of Injury:	06/07/1998
Decision Date:	07/28/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/17/2015

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 67 year old female who sustained an industrial injury on 6/7/98. The mechanism of injury was unclear. She currently complains of mild neck pain and occasional pain in the hands and wrists. Her pain level is 5/10. She also has right knee pain and this has increased since her fall on 4/27/15 where she landed on her knees and elbows when her right knee gave out. She had x-rays of the right knee which were negative. Her low back and neck pain had increased for about two weeks after the fall. Since starting acupuncture her low back pain has improved 40% and she has decreased her Motrin. On physical exam there was tenderness over the bilateral cervical paraspinal and bilateral trapezius musculature and slightly decreased range of motion laterally; there was tenderness in the mid-line lumbar spine and bilateral low back with decreased range of motion; there was tenderness over the medial aspect of the right knee with decreased range of motion. She can perform basic activities of daily living independently but slowly. Medication was Motrin. Diagnoses include cervical spine sprain/ strain; left shoulder impingement, status post -surgery (2009); status post right shoulder subacromial decompression shaving of partial thickness rotator cuff tear, debridement of superior labrum anterior on posterior lesion, chondroplasty, distal clavicle resection; status post left carpal tunnel release; lumbar sprain/ strain; status post right knee arthroscopy, partial lateral meniscectomy, chondroplasty; status post arthroscopy with debridement medial and lateral femoral condyles; status post total right knee arthroplasty; status post left hip posttraumatic arthritis status post multiple surgeries including status post total hip replacement and multiple revisions status post manufacturer recall. Treatments to date include medications; acupuncture. Diagnostics include

MRI of the cervical spine (8/15/08) showing disc bulging with severe central canal narrowing; MRI of the lumbar spine (8/15/08) showing disc bulging, degenerative changes and severe central canal narrowing. In the progress note dated 6/8/15 the treating provider's plan of care includes a request for additional acupuncture twice per week for four weeks for the neck, right shoulder and low back pain. The patient reports her low back pain is significantly improved about 40% better since starting acupuncture. She has decreased her use of motrin since starting acupuncture. Objective findings remain the same. Per an acupuncture report dated 6/16/2015, the claimant has finished 6 treatments and has had some good relief in the neck, upper shoulder, upper back, and low back. The pain is not as severe and intense as it was before beginning acupuncture. The pain is still increased with her activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued acupuncture sessions 2x4 (cervical, low back and right shoulder): 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 with subjective benefits of pain reduction and also reduced medication usage. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Objective findings did not change with acupuncture treatment. Therefore further acupuncture is not medically necessary.