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| Case Number: | CM15-0118034 | | |
| Date Assigned: | 06/26/2015 | Date of Injury: | 09/11/2014 |
| Decision Date: | 07/29/2015 | UR Denial Date: | 05/27/2015 |
| Priority: | Standard | Application Received: | 06/18/2015 |

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 53 year old female, who sustained an industrial injury on 9/11/2014. Diagnoses include right shoulder impingement, internal derangement of knee NOS and sprain/strain of ankle (right). Treatment to date has included six visits of acupuncture and medications including Voltaren gel, Omeprazole and Naproxen sodium. Per the Primary Treating Physician's Progress Report dated 5/14/2015, the injured worker reported improvement since the last exam. She completed a trial course of acupuncture which provided her functional improvement. She has had improvement in her right shoulder, right wrist and right ankle pain. Her pain has decreased from a 7/10 to 6/10. Her right knee pain persists and is still at 7/10. The foot continues to have pain as well. The acupuncture has helped with her mobility. It has allowed her to walk for a longer period of time. She takes medication for pain which allows her to function. Physical examination of the cervical spine revealed spasm and tenderness in the paraspinal muscles with restricted range of motion. There was tenderness to pressure over the anterior right shoulder, restricted range of motion and a positive impingement sign on the right. There was tenderness to pressure of the ventral right 85 wrist with a positive Tinel's. Lumbar examination revealed spasm and tenderness in the paraspinal muscles with restricted range of motion. There was tenderness to pressure over the right ankle with a deficit to pinprick and light touch. The plan of care included medications and a full course of acupuncture treatment and authorization was requested for acupuncture (3 x 4) to the right foot, right ankle, right knee, right wrist, right elbow, neck, back and thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3 x 4 weeks (12 sessions) to the right foot, right ankle, right knee, right wrist, right elbow, neck back, and thoracic spine: 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. Medical records discuss functional improvement but not in a specific and verifiable manner consistent with the definition of functional improvement as stated in guidelines. The documentation fails to provide baseline of activities of daily living and examples of improvement in activities of daily living as result of acupuncture. 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, 3 X 4 acupuncture treatments are not medically necessary.