

Case Number:	CM15-0118575		
Date Assigned:	06/26/2015	Date of Injury:	10/18/2014
Decision Date:	07/28/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/19/2015

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: 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 45 year old male who sustained an industrial injury on 10/18/14. He had complaints of bilateral wrist, ribs, head, left knee, neck and back. He was diagnosed with multiple fractures of the ribs, abrasions on the right forearm, head contusion, bilateral wrists fractures, contusion of the left knee, bruised kidneys, lungs, liver and internal bleeding. Primary treating physician's progress note dated 5/7/15 reports continued complaints of pain in his head, wrists, neck, lower back, left knee and ribs. The head pain is worsening with blurred vision and twitching of the right eye. Wrist pain is constant left greater than the right rated 5/10. Neck pain is worsening constant, sharp and rated 5/10. Lower back pain is constant and sharp rated 6/10. Left knee pain is worsening with dull, aching, grinding and swelling rated 4.5/10. Rib pain is constant and sharp rated 3/10. Diagnoses include cervical spine sprain/strain, lumbar spine sprain/strain, rule out cervical spine degenerative disc disease, rule out lumbar spine degenerative disc/joint disease, s/p contusion and abrasion of the right forearm healed, s/p bilateral wrist fractures with residuals, s/p contusion to the left knee, knee sprain/strain, rule out left knee internal derangement, subjective visual disturbance unspecified, s/p blunt head trauma with residuals, and internal bleeding causation unknown. Work status is temporary total disability until 6/18/15. Plan of care includes: continue acupuncture treatment 2 times per week for 6 weeks, functional capacity testing and medications; begin transdermal analgesics. Return for follow up on 6/18/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2xwk x 6wks cervical/lumbar/bilateral wrists/left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines read extension of acupuncture care could be supported for medical necessity "if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment". An unknown number of prior acupuncture sessions were rendered without any sustained, significant, objective improvement(s) (medication intake reduction, work restrictions reduction, activities of daily living improvement) documented to support the medical necessity of additional acupuncture. In addition the request is for acupuncture x 12, number that exceeds significantly the guidelines without a medical reasoning to support such request. Therefore, the additional acupuncture is not medically necessary.