

Case Number:	CM15-0119266		
Date Assigned:	06/29/2015	Date of Injury:	02/10/2015
Decision Date:	08/28/2015	UR Denial Date:	06/12/2015
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: 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 31 year old male, who sustained an industrial injury on 02-10-2015 secondary to a fall involving a ladder, resulting in left leg pain and laceration, left ankle pain, swelling, upper and lower back pain, bilateral hip, bilateral knee, bilateral shoulder, right wrist pain and right eye pain. On provider visit dated 05-06-2015 the injured worker has reported bilateral knee pain with swelling at the right knee, pain with kneeling and weight bearing activities and decreased pain with rest was noted. Left ankle pain and right wrist pain. Examination was difficult to decipher. Right wrist was noted to have full range of motion and a negative Tinel's and Phalen's sign was noted and Finkelstein's sign was negative. Bilateral knees revealed a decreased range of motion and crepitus was noted bilaterally. Left ankle was noted to have increased pain with range of motion in all planes. The diagnoses have included cervical-trapezial musculoligamentous sprain-strain, thoracic spin musculoligamentous sprain-strain, lumbar spine musculoligamentous sprain-strain with bilateral sacroiliac joint sprain and right wrist traumatic de Quervain's tenosynovitis and left ankle sprain. Treatment to date has included medication and home exercise program. The provider requested acupuncture 2 times a week for 3 weeks trial, then 2 times a week for 3 weeks if beneficial for the lumbar spine, thoracic spine, cervical spine, left ankle, bilateral knees and right wrist. Six acupuncture visits were approved on 6/12/15. Per an acupuncture report dated 5/21/15, the claimant's has completed four sessions of acupuncture and his pain is either the same or worse.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 3 weeks trial, then 2 times a week for 3 weeks if beneficial for the lumbar spine, thoracic spine, cervical spine, left ankle, bilateral knees and right wrist: 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 no benefits. He also had another six visits authorized recently. However, the provider fails to document objective functional improvement associated with the completion of the most recently certified acupuncture. Therefore further acupuncture is not medically necessary.