

Case Number:	CM15-0121145		
Date Assigned:	07/01/2015	Date of Injury:	02/26/2012
Decision Date:	07/31/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/24/2015

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 60 year old female who sustained an industrial injury on February 26, 2012. She has reported injury to the left wrist, lumbar spine, left knee, left hip, and right foot and has been diagnosed with status post Bilateral CTR with residuals, cervical spine sprain strain degenerative disc disease C5-6 with radiculitis, right knee sprain and strain with osteoarthritis, bilateral shoulder RTC tendinopathy status post left shoulder arthro sx, and left knee CMP, osteoarthritis with compensatory pain syndrome. Treatment has included physical therapy, surgery, medications, injection, medical imaging, and acupuncture. The pain to the left wrist was rated a 4/10. Pain to the lumbar spine was a 6-7/10 with left lower extremity pain. Left knee pain was a 6-7/10. Left hip pain was a 7/10. Right foot was a 5-6/10. The treatment request included acupuncture 2x6 for the right foot. Per a Pr-2 dated 2/5/2015, the claimant is still receiving acupuncture, which is directed at the back, left shoulder, and left hip. She stated there is benefit of reduced pain for a few days. She denied any lasting benefit with acupuncture and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times per week for 6 weeks to the right foot: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Foot and Ankle.

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 temporary subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. Therefore further acupuncture is not medically necessary.