MAXIMUS Federal Services

Case Number:	CM15-0170311		
Date Assigned:	09/10/2015	Date of Injury:	08/26/2013
Decision Date:	10/14/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/28/2015

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, Montana
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 54-year-old male who sustained an industrial injury on 8-26-13. The injured worker reported decreasing right shoulder pain, pain and instability of the right knee, and right hand numbness. A review of the medical records indicates that the injured worker is undergoing treatments for status post right shoulder arthroscopic surgery, right shoulder derangement, right knee rotary injury - patellar tendon injury, right median nerve neuropathy carpal tunnel, right lower extremity neuropathy, status post right shoulder surgery (2-2-14) and status post right knee surgery (11-6-14). Medical records dated 4-6-15 indicate the injured workers pain rated at 6 out of 10. Provider documentation dated 7-14-15 noted the work status as temporary totally disabled. Treatment has included nerve conduction velocity study (6-3-15), electromyography (6-3-15), injection therapy, radiographic studies, Topical Analgesics, heat, ice, Tylenol, Hyalgan Injections, Topical analgesics since at least March of 2015, status post right shoulder surgery (2-2-14) and status post right knee surgery (11-6-14). Objective findings dated 7-14-15 were notable for right carpal tunnel with positive median nerve compression test, decreased light touch sensation median nerve distribution right side. The original utilization review (8-3-15) partially approved 12 Acupuncture therapy sessions for the right shoulder and right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Acupuncture therapy sessions for the right shoulder and right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment

2007. **MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Provider requested initial trial of 12 acupuncture sessions for the right shoulder and right knee, which were modified to 6 by the utilization review. Per guidelines, 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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. Per guidelines and review of evidence, 12 Acupuncture visits are not medically necessary.