

Case Number:	CM15-0171486		
Date Assigned:	09/11/2015	Date of Injury:	07/25/2008
Decision Date:	10/16/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	08/31/2015

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 54 year old female who sustained an injury on 7-25-08. A review of the medical records indicate she has ongoing low back pain, thoracic, left hip, cervical, right shoulder and left shoulder pain. 6-17-15 examination reveals she continues to have the same symptoms and expresses concern in regard to decline in range of motion in her right shoulder. Medications included Hydrocodone helped with her activities of daily living, exercise regime and tolerance to activity and improved function. She was also taking NSAID to facilitate improved range of motion. She desires to avoid aggressive intervention treatment of her right shoulder and physical therapy, home exercise, activity modification, NSAID's and injection were discussed. A request for electracorporeal shock wave therapy to treat refractory calcifying tendinitis right shoulder, three sessions and awaiting the request for reconsideration for acupuncture, all body parts, 2 times per week for 6 weeks and this was to decrease inflammation and pain. 8-19-15 subjective complaints right plantar foot pain that is worsening and complains of decline in tolerance to standing and walking. She has had physical therapy, home exercise, activity modification, myofascial release and failed brace. Her low back pain is rated 6 out of 10 with left rhythm right lower extremity symptoms; thoracic pain was 5 out of 10; left hips 6 out of 10; right shoulder was 5 out of 10 and cervical pain with upper extremity symptoms was rated 5 out of 10. She was status post 2 sessions shockwave with improved tolerance to a variety of activity and improved range of motion and has one session remaining for the right shoulder. Medication facilitates maintenance of activities of daily living that include necessary household duties, shopping for groceries, simple food preparation and cooking. Objective findings are

tenderness right plant foot and at calcaneus, plantar aspect. She favors left lower extremity with ambulation; tenderness lumbar spine; tenderness thoracic spine; left hip; cervical spine and right shoulder. Diagnoses include protrusion L3-4 with bilateral foraminal stenosis; protrusion 44 mm at L5-S1 with bilateral foraminal stenosis; annular tear L5-S1; status post lumbar surgery 2009; thoracic pain; bilateral plantar fasciitis; cervical pain with upper extremity symptoms; right shoulder pain and thoracic pain. A request for additional acupuncture, all body parts 2 times per week for 6 weeks. Utilization review 8-24-15 requested treatments were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture for all body parts, two (2) times a week for six (6) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

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 with no documented benefits. Since the provider fails to document objective functional improvement associated with prior acupuncture treatment, further acupuncture is not medically necessary.