

Case Number:	CM15-0174727		
Date Assigned:	09/16/2015	Date of Injury:	06/06/2002
Decision Date:	10/21/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/04/2015

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 male, who sustained an industrial injury on 6-6-2002. The injured worker was diagnosed as having lumbar radiculopathy, knee pain. The request for authorization is for: additional acupuncture for neck and bilateral shoulders, Qty 8. The UR dated 8-25-2015: non-certified the request for additional acupuncture for neck and bilateral shoulders, Qty 8. On 7-23-2015, the provider noted "will request 8 more sessions of acupuncture and Synvisc". Current medications are Flexeril, Naproxen, and Lidoderm patches. There is notation of a recent magnetic resonance imaging of the right knee showing osteoarthritis, joint effusion and patellar femoral syndrome which are causing his symptoms". The provider reported that there had been "significant improvement of range of motion and dexterity of the fingers" with acupuncture. His work status is noted to be retired. A typed prescription notation indicated that he "has felt 75% improvement and is now able to snap his fingers because of the amount of improvement in his radicular pain and range of motion in his fingers" from the completed 8 sessions of acupuncture. On 8-6-2015, he reported pain intensity level as 1 out of 10 at rest, and 2 out of 10 with activities. He indicated the pain to the to the right shoulder area. Objective findings revealed tenderness in the right shoulder area. This is document is notation from 8 out of 8 acupuncture sessions. On 8-20-2015, current medications are listed as Flexeril, Naproxen, and Lidoderm 5% patches. The provider noted an appeal for Synvisc injections for the right knee. The treatment and diagnostic testing to date has included: completed at least 8 sessions of acupuncture, medications, x-rays of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture for Neck and Bilateral Shoulders Qty 8: 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 with subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. There are no objective measures of comparative function. Therefore further acupuncture is not medically necessary.