

Case Number:	CM15-0027930		
Date Assigned:	02/20/2015	Date of Injury:	10/08/2014
Decision Date:	06/16/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/13/2015

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 46 year old male who sustained an industrial injury on 10/8/2014. His diagnoses, and/or impressions, are noted to include: left shoulder impingement, bursitis, tendinitis and possible rotator cuff tear; musculoligamentous strain of the cervical spine with cervical spondylosis, rule-out herniated discogenic disease; bilateral, lateral epicondylitis; sprain/strain of left forearm/wrist; musculoligamentous strain of the lumbar spine with myofascitis; degeneration of the bilateral knee joints, rule-out meniscal tear; and left ankle strain/sprain with hypoesthesia of the antero-lateral aspect. Recent x-rays of the left shoulder, cervical spine, left elbow, left wrist, left ankle and lumbar spine were stated to have been done on 12/3/2014. Recent magnetic imaging studies of the cervical spine were noted on 11/21/2014. His treatments have included modified work duties; physical therapy; and medication management. Progress notes of 1/8/2015 reported moderate-severe neck pain with radicular symptoms in the left upper extremity; left shoulder pain made worse by activities; left & right forearm and wrist pain with movement; significant pain in the low back worsened with activity and interfered with sleep; and pain in both knees, left > right, with instability and difficulty kneeling, and was worsened with activity. Objective findings were noted to include tenderness over the para-spinal muscles; severe decrease in sensation over the left forearm with slight decrease in extension/flexion of the wrists, secondary to pain; loss of lumbar lordosis with tenderness and spasms over the para-spinal muscles, decreased range of motion with positive straight leg raise and decreased sensation in the left calf; tenderness without atrophy to the wrists, but with painful range-of-motion; tenderness with abnormal tests and decreased range-of-

motion to the left shoulder; and tenderness with abnormal tests and decreased range-of-motion to the bilateral knees. The physician's requests for treatments were noted to include acupuncture treatments for each body part.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x week x 3 weeks (6 sessions), right knee, left shoulder, cervical and lumbar spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Provider requested initial trial of 6 acupuncture sessions which were non-certified 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, which is within 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, 6 Acupuncture visits are medically necessary.