

Case Number:	CM15-0063663		
Date Assigned:	05/14/2015	Date of Injury:	04/08/2013
Decision Date:	06/16/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/06/2015

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 April 8, 2013. She reported low back pain, bilateral shoulder pain, bilateral knee pain and neck pain. The injured worker was diagnosed as having cervical spondylosis without myelopathy, pain in the joint of bilateral shoulders, generalized osteoarthritis of the lower leg and bilateral knees, derangement of the medial meniscus, lumbar sprain/strain and status post right knee arthroscopy. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the right knee, physical therapy, acupuncture, medications and work restrictions. Per a PR-2 dated 4/9/2015, the injured worker complains of low back pain, bilateral shoulder pain, bilateral knee pain and neck pain. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. She reported attending physical therapy and acupuncture at an earlier date. She has had 18 sessions of acupuncture approximately one year ago. There was a cumulative effect of 70-80% pain relief for the shoulder and neck. The effects lasted for three months then returned gradually. She reported being able to work without much pain when attending acupuncture therapy. Evaluation on April 9, 2015, revealed pain with difficulty performing work duty. The pain has returned and she is having a greater difficulty tolerating her work duties. Additional acupuncture therapy and electro diagnostic studies of the bilateral upper extremities were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture sessions for the cervical spine (1 a time per week for 12 weeks): Upheld

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

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 extensive prior acupuncture with subjective benefits. However, the provider fails to document objective functional improvement associated with acupuncture treatment. There was no documentation of reduction of work restrictions, reduction of medications, or a clinically significant improvement in activities of daily living. In addition, the claimant has concurrent chiropractic and physical therapy approved for her flare-up now. Twelve additional sessions of acupuncture are excessive without the first evaluating the results of the other therapies. Therefore, twelve further acupuncture sessions for the cervical spine are not medically necessary.

Acupuncture sessions for the bilateral knees (1 a time per week for 12 weeks): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: It appears that this is a request for an initial acupuncture trial for the bilateral knees. Evidenced based guidelines recommend a trial of acupuncture for chronic pain, but a request for 12 visits exceeds the recommended guidelines of less than six. If functional improvement is documented, further acupuncture may be medically necessary. If this is a request for an initial trial, the provider should make a request within the recommended guidelines. If this is not a request for an initial trial, the provider should document functional improvement because of the completion of acupuncture. In addition, the duration and total amount of visits should be submitted. The claimant did have prior acupuncture for the neck and shoulder and had subjective benefit documented but no functional benefits. Therefore, twelve sessions of acupuncture for the knee are not medically necessary.