

Case Number:	CM15-0076767		
Date Assigned:	04/28/2015	Date of Injury:	06/23/2014
Decision Date:	05/29/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/22/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 47 year old male, who sustained an industrial injury on 6/23/2014. He reported injury from a slip and fall. The injured worker was diagnosed as having bilateral shoulder sprain/strain, lumbar sprain/strain, bilateral wrist sprain/strain, bilateral shoulder impingement syndrome, lumbar disc protrusion, anxiety and insomnia. There is no record of a recent diagnostic study. Treatment to date has included chiropractic care, acupuncture, functional restoration program and medication management. In a progress note dated 1/23/2015, the injured worker noted improved right shoulder pain and continued pain in the bilateral wrist with numbness and tingling in the fingers and low back pain. The treating physician is requesting 12 sessions of acupuncture and range of motion muscle testing. Per the doctor's note dated 3/16/15 patient had complaints of low back and bilateral wrist pain with numbness. Physical examination of the bilateral wrist revealed limited range of motion, tenderness on palpation and positive tincl sign. Physical examination of the low back revealed tenderness on palpation and limited range of motion. Patient has received an unspecified number of PT, acupuncture and chiropractic visits for this injury. The patient has had EMG report that revealed CTS bilaterally on 11/13/14. The patient has had MRI of the low back that revealed disc bulge on 10/2/14. The current medication list was not specified in the records provided. Patient has received an unspecified number of PT, acupuncture and chiropractic visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per the CA MTUS Acupuncture medical treatment guidelines cited below state that: Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The medical records provided did not specify a plan to reduce pain medications, or any intolerance to pain medications that patient is taking currently. CA MTUS Acupuncture guidelines recommend up to 3 to 6 treatments over 1 to 2 months for chronic pain. Patient has received an unspecified number of acupuncture visits for this injury. The requested additional visits in addition to the previously certified acupuncture sessions are more than the recommended by the cited criteria. The prior acupuncture therapy visit notes were not specified in the records provided. There was no evidence of significant ongoing progressive functional improvement from the previous acupuncture visits that was documented in the records provided. Patient has received an unspecified number of PT visits for this injury. Response to any prior rehabilitation therapy including PT/acupuncture/pharmacotherapy since the date of injury was not specified in the records provided. The records submitted contain no accompanying current PT/acupuncture evaluation for this patient. Prior conservative therapy visit notes were not specified in the records provided. Any evidence of diminished effectiveness of medications was not specified in the records provided. Furthermore, documentation of response to other conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts was not provided in the medical records submitted. The medical necessity of Acupuncture 2x6 is not medically necessary.

Range of motion-muscle testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back (updated 05/15/15) Computerized range of motion (ROM) See Flexibility.

Decision rationale: Range of motion-muscle testing. ACOEM and CA MTUS do not specifically address this request. Therefore ODG used. Per the ODG, guidelines cited below not recommended as primary criteria, but should be a part of a routine musculoskeletal evaluation. The relation between lumbar range of motion measures and functional ability is weak or nonexistent. Range of motion testing and muscle testing is not recommended by the cited guidelines and the relation between range of motion measures and functional ability is weak. Patient has received an unspecified number of PT visits for this injury. Response to these conservative therapies was not specified in the records provided. Previous conservative therapy

notes were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. The medical necessity of the request for Range of motion-muscle testing is not medically necessary for this patient.