

Case Number:	CM15-0079217		
Date Assigned:	04/30/2015	Date of Injury:	01/02/2014
Decision Date:	06/03/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/24/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 68-year-old male, who sustained an industrial injury on 1/2/14. The injured worker was diagnosed as having lumbosacral spine (HNP) herniated nucleus pulposus, right knee osteoarthritis, left shoulder rotator cuff tear status post repair. Treatment to date has included urine drug performed on 12/16/14, (MRI) magnetic resonance imaging of left shoulder was performed on 12/30/14 and (MRI) magnetic resonance imaging of left knee was performed on 12/30/14; oral medications including Theramine, Sentra pm, Gabadone topical creams. Currently, the injured worker complains of pain in right and left shoulder and knee rated 6/10. Physical exam noted lumbosacral spine decreased range of motion with spasm, positive impingement of right shoulder, tenderness in the anterior left shoulder, and right knee pain with range of motion. The treatment plan included continuation of oral and topical medications, 4 sessions of acupuncture, 8 sessions of physical therapy, urine drug screen and a follow up appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four acupuncture therapy, one times per week for four weeks for right knee as outpatient:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The claimant is more than one-year status post work-related injury and continues to be treated for chronic shoulder, knee, and back pain. When seen, pain was rated at 6/10. There was shoulder tenderness with positive impingement testing and decreased lumbar spine range of motion. Authorization for 4 weekly acupuncture treatments was requested. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented. In this case, there is no adjunctive treatment being planned. Although the number of treatments is consistent with guideline recommendations, the request cannot be considered as medically necessary.