

Case Number:	CM15-0092194		
Date Assigned:	05/15/2015	Date of Injury:	08/26/2013
Decision Date:	06/24/2015	UR Denial Date:	04/26/2015
Priority:	Standard	Application Received:	05/07/2015

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:

This 56 year old male sustained an industrial injury to the neck, back, right shoulder, bilateral elbows, bilateral forearms right knee and foot on 8/26/12. Previous treatment included magnetic resonance imaging, electromyography, physical therapy, acupuncture, chiropractic therapy, manipulation, injections, extracorporeal shockwave, psychological care and medications. In a PR-2 dated 2/19/14, the physician indicated that the injured worker had undergone 22 sessions of acupuncture. The injured worker's pain level had remained the same since his last visit. In a PR-2 dated 7/2/14, the injured worker complained of pain to the neck, mid/upper back, lower back, bilateral shoulders/arms, bilateral elbows/forearms, right knee and right foot as well as pain and numbness of bilateral wrist and hands. The injured worker's neck and left elbow pain had remained the same since the last visit. The injured worker's back and right shoulder pain had decreased. The injured worker's left shoulder, right wrist, right knee and right foot pain had increased. The injured worker reported that acupuncture helped to decrease his pain and tenderness. Current diagnoses included cervical spine sprain/strain, thoracic spine sprain/strain, lumbar spine sprain/strain, bilateral shoulder sprain/strain, left shoulder impingement and tendinopathy, bilateral elbow sprain/strain with carpal tunnel syndrome, right knee sprain/strain and meniscal tear, right great toe contusion, depression, anxiety and sleep disturbance. The treatment plan included continuing acupuncture to the cervical spine, lumbar spine, bilateral wrists and bilateral knees twice a week for six weeks, podiatry consultation and pending authorization for right knee surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective acupuncture x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Patient has had extensive acupuncture treatment. Provider requested retrospective 6 acupuncture sessions which were non-certified by the utilization review. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, 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 or decrease in medication intake. Per review of evidence and guidelines, 6 retrospective acupuncture treatments are not medically necessary.