

Case Number:	CM13-0006157		
Date Assigned:	12/18/2013	Date of Injury:	01/23/2002
Decision Date:	01/22/2014	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	08/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a male patient with the date of injury of January 23, 2002. A progress report dated September 17, 2013 states, "he did tell me that electro acupuncture treatment has been helpful to decrease pain and discomfort and allows him to function better." A progress report dated August 9, 2013 identifies objective findings stating, "there is a decreased right shoulder range of motion. There is a positive rotator cuff impingement test of the right shoulder. There is a positive Apley's test of the right knee." Diagnoses include, "degenerative arthritis bilateral knee plus right knee in internal derangement. History of right shoulder surgery and repair. Bilateral shoulder rotator cuff injury." Treatment plan recommends TENS and, "the patient pointed out that electro acupuncture treatment at times helps to improve his strength, endurance, flexibility, better coping skills, also he is able to sleep better with less pain and discomfort. The patient is disappointed that he is not receiving electro acupuncture treatment as this has been denied by utilization review." A progress report dated April 16, 2013 identifies, "the patient states that electro acupuncture treatment has helped him to decrease his level of pain and increase his level of function. He is hoping to continue with electro acupuncture treatments to further help with pain management. At this time he is not taking any pain medications secondary to G.I. upset when he does take them. He does continue to do exercises as educated." Objective examination findings identify, "there is a decrease right shoulder range of motion. There is a positive rotator cuff impingement test of the right shoulder. There is a positive Apley's test of the right knee." An acupuncture procedure report dated January 18, 2013, January 22, 2013, January 25, 2013, January 29, 2013, and February 1, 2013 identifies procedures including electro acupuncture, infrared lamp, and myofascial release. Additional acupuncture treatment notes indicate th

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Electro-Acupuncture: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain Chapter, section on Acupuncture.

Decision rationale: The Acupuncture Guidelines 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. Guidelines go on to state that the time to produce functional improvement is 3 to 6 treatments. The optimal duration is 1 to 2 months. The Official Disability Guidelines recommend a total of up to 8 to 12 acupuncture visits over 4 to 6 weeks with evidence of objective functional improvement. Within the documentation available for review, it appears the patient has had at least 19 acupuncture sessions to date. There is no documentation of specific analgesic benefit (in terms of percent reduction in pain, or reduced pain score) or sustained specific objective functional improvement. The patient's physical examination has been unchanged despite receiving acupuncture. As such, the request for additional electro-acupuncture is not medically necessary and appropriate.

Infra-red: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 57.

Decision rationale: This is low level laser therapy being provided in conjunction with acupuncture. MTUS Chronic Pain Guidelines state that low-level laser therapy is not recommended. Guidelines state that some protocols have used low-level laser energy applied to acupuncture points on the fingers and hands. This technique may be referred to as laser acupuncture. Given the equivocal or negative outcomes from a significant number of randomized clinical trials, it must be concluded that the body of evidence does not allow conclusions other than treatment of most pain syndromes with low-level laser therapy provides at best equivalent of a placebo effect. As such, the request for Infra-Red is not medically necessary and appropriate.

Myofascial release x 8 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter section on Massage Therapy.

Decision rationale: MTUS Chronic Pain Guidelines state that myofascial release should be used as an adjunct to other recommended treatment including exercise and should be limited to 4 to 6 visits in most cases. Guidelines go on to state that massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. Within the documentation available for review, it appears the patient has had 19 myofascial treatments (in the context of the acupuncture visits). Guidelines clearly do not support ongoing use of this passive intervention. Therefore, the request for myofascial release is not medically necessary and appropriate