

Case Number:	CM13-0018905		
Date Assigned:	12/27/2013	Date of Injury:	05/16/2011
Decision Date:	03/27/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/30/2013

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 Chiropractic and Acupuncture, 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:

The injured worker is a 51 year old female who reported neck. Left shoulder and bilateral hand and wrist pain from injury sustained on 5/16/11. The injury is due to repetitive trauma. MRI of the cervical spine revealed mild broad-based disc protrusion with facet degenerative joint disease. Patient was diagnosed with cervical sprain/strain; left shoulder impingement; bilateral carpal tunnel syndrome and bilateral cubital tunnel syndrome. Patient has been treated with medication, physical therapy and acupuncture. Per notes dated July 15, 13 "she has been undergoing acupuncture treatment with benefits to her symptoms". Per notes dated 10/8/13, on and off flare-ups of left forearm and wrist; the patient indicated she has a decrease in symptoms with prior acupuncture session; Norco and Dendracin lotion decreased her pain from 8/10-5/10. Per notes date 11/19/13, pt reported decreased pain and spasm with previous acupuncture and trigger point injection. Patient reported symptomatic improvement with care but there is lack of functional improvement. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Patient hasn't had any long term symptomatic or functional relief with acupuncture care. Patient continues to have pain and flare-ups.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture (6 sessions): 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 MTUS: ACUPUNCTURE MEDICAL TREATMENT GUIDELINES, , 8-9

Decision rationale: Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines page 8-9. "Acupuncture is used as an option when pain medication is reduced and not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery". "Time to produce function improvement: 3-6 treatments. 2) Frequency:1-3 times per week. 3) Optimum duration:1-2 months. Acupuncture treatments may be extended if functional improvement is documented". Patient has had prior acupuncture treatment. There is lack of evidence that prior acupuncture care was of any functional benefit. 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. Per review of evidence and guidelines, 6 acupuncture treatments are not medically necessary.