

Case Number:	CM13-0032394		
Date Assigned:	12/11/2013	Date of Injury:	02/05/2001
Decision Date:	02/05/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/07/2013

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 Family Practice 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 patient is a 59-year-old female who reported injury on 02/05/2001. The mechanism of injury was not provided. The patient was noted to have ongoing neck pain with burning sensation and bilateral shoulder pain, bilateral elbow pain, and bilateral hand and wrist pain with weakness and numbness. The patient was noted to have upper back stiffness. The patient was noted to have painful range of motion in the cervical spine and an antalgic gait. The patient's diagnoses were noted to include bilateral carpal tunnel syndrome, medial epicondylitis in the elbow, bilateral shoulder bursitis, fibromyalgia, chronic neck pain and status post bilateral cubital tunnel release. The request was made for transportation to all doctors and to continue acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSPORTATION TO ALL MEDICAL APPOINTMENTS INCLUDING ACUPUNCTURE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Transportation.

Decision rationale: Official Disability Guidelines recommend transportation to and from appointments in the same community for patients with disabilities preventing them from self transport. The patient was noted to have ongoing neck pain with burning sensation and bilateral shoulder pain, bilateral elbow pain, and bilateral hand and wrist pain with weakness and numbness. The patient was noted to have upper back stiffness. The patient was noted to have painful range of motion in the cervical spine and an antalgic gait. However, there was a lack of documentation of a disability preventing the patient from self-transport. Given the above lack of documentation, the request for transportation to all medical appointments including acupuncture is not medically necessary.

ACUPUNCTURE THERAPY 10 VISITS: 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 (ODG).

Decision rationale: California MTUS guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The time to produce functional improvement is 3 - 6 treatments and Acupuncture treatments may be extended if functional improvement is documented including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The clinical documentation submitted for review indicated this would be a continued therapy. There was a lack of documentation of clinically significant improvement in activities of daily living or reduction in work restrictions. Additionally, there was a lack of documentation indicating the necessity for ongoing treatment with acupuncture therapy and the number of sessions the patient had participated in. Given the above, the request for acupuncture therapy 10 visits is not medically necessary.