

Case Number:	CM13-0040938		
Date Assigned:	12/20/2013	Date of Injury:	07/09/2011
Decision Date:	03/12/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/29/2013

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, has a subspecialty in 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 60 year old male who reported Low back, neck, right shoulder and hand pain from injury sustained on 7/9/11. Patient was doing his usual and customary duties of pulling out a heavy metal mold from a machine that was overhead when he felt sharp pain in the right shoulder and hand. MRI dated November 13, 12 revealed 3 level disc protusion in the Lumbar spine and C3-C4 disc protusion. Patient was diagnosed with Cervical spine sprain/strain, Lumbar sprain, shoulder impingement and carpal tunnel syndrome. Patient has been treated with medication, Physical therapy and Acupuncture. Per notes dated 9/9/13 "Patient had relief with Acupuncture treatment", implies patient had prior Acupuncture treatment. Per Acupuncturist notes, under treatment plan "2 X6". It is unclear on how many sessions the patient had Acupuncture care; however, the notes do not demonstrate any functional improvement with treatment. The patient is candidate for wrist surgery per notes dated 9/9/13. Additionally, the documentation provided is unclear as to what body part will be treated with Acupuncture, as per guidelines it is not recommended for Carpal tunnel or neck pain. There is lack of long term functional and symptomatic improvement with prior Acupuncture care. He still remains symptomatic and out of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 acupuncture treatments (2x6): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal tunnel Chapter, state: Acupuncture and the California MTUS.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

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". Per notes dated 9/9/13 "Patient had relief with Acupuncture treatment", implies patient had prior Acupuncture treatment. Per Acupuncturist notes under treatment plan "2 X6". It is unclear on how many sessions the patient had Acupuncture care; however, the notes do not demonstrate any functional improvement with treatment. The patient is candidate for wrist surgery per notes dated 9/9/13. Additionally, the documentation provided is unclear as to what body part will be treated with Acupuncture, as per guidelines it is not recommended for Carpal tunnel or neck pain. There is lack of long term functional and symptomatic improvement with prior Acupuncture care. Per MTUS guidelines and review of evidence, Acupuncture visits 2X6 are not medically necessary.