

Case Number:	CM13-0047244		
Date Assigned:	12/27/2013	Date of Injury:	03/20/2013
Decision Date:	03/11/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/01/2013

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 least at 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 52 year old female with a date of injury of 03/20/2013. The listed diagnoses per [REDACTED] dated 05/30/2013 are: 1. Low back pain 2. Right hip pain 3. Right leg pain 4. Lower extremity paresthasias 5. Right shoulder pain According to report dated 05/30/2013 by [REDACTED] the patient presents with complaints of low back, right hip, right leg, right lower extremity, right shoulder pain. The patient also states she has stress and insomnia. Examination of the right shoulder showed moderate pain elicited in all ranges of motion (ROM). Bilateral decrease in ROM noted (flexion 170, extension 40, abduction 170, adduction 40, internal rotation 80 and external rotation 80). Tender +2/4 right deltoid on palpation noted. Examination of the knee showed decrease flexion, varus, and valgus. Bilateral knee range of motion is full with moderate pain at the end-range.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x4 to right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: This patient has a date of injury of 03/20/2013. Utilization review denied request stating "claimant had acupuncture treatment without noted benefit." MTUS guidelines for acupuncture pg 8 recommend acupuncture for pain, suffering and the Restoration of function. Recommended frequency and duration is 3 to 6 treatments to produce functional improvement, 1 to 3 times per week with optimum duration of 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e): Documentation of clinically significant improvement of activities of dialing living (ADL) or reduction in work restrictions AND decreased dependency on medical treatments. The medical file provided for review includes progress reports by [REDACTED] dated 03/25/2013 to 04/23/2013, work status reports by [REDACTED] dated 10/02/2013 to 06/26/2013, and an evaluation report dated 05/30/2013 by [REDACTED]. Medical records show that the patient received Physical therapy sessions with no noted improvement, however, there are no discussions regarding Acupuncture. On 10/02/2013 [REDACTED] states patient has right shoulder and right knee ligamentous sprain and recommends patient "start Acupuncture 2x4". Medical records do not indicate that patient has had acupuncture before and an initial course of 3 to 6 treatments is recommended, however the requested 8 treatments exceeds what is recommended by MTUS guidelines. The requested 8 treatments of acupuncture are not medically necessary and recommendation is for denial.

Acupuncture 2x4 to right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: This patient has a date of injury of 03/20/2013. Utilization review denied request stating "claimant had acupuncture treatment without noted benefit." MTUS guidelines for acupuncture pg 8 recommend acupuncture for pain, suffering and the Restoration of function. Recommended frequency and duration is 3 to 6 treatments to produce functional improvement, 1 to 3 times per week with optimum duration of 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e): Documentation of clinically significant improvement of ADL or reduction in work restrictions AND decreased dependency on medical treatments. Medical file provided for review includes progress reports by [REDACTED] dated 03/25/2013 to 04/23/2013, work status reports by [REDACTED] dated 10/02/2013 to 06/26/2013, and an evaluation report dated 05/30/2013 by [REDACTED]. Medical records show that the patient received Physical therapy sessions with no noted improvement, however, there are no discussions regarding Acupuncture. On 10/02/2013 [REDACTED] states patient has right shoulder and right knee ligamentous sprain and recommends that the patient "start Acupuncture 2x4". Medical records do not indicate that patient has had acupuncture before and an initial course of 3 to 6 treatments is recommended, however the requested 8 treatments exceeds what is recommended by MTUS guidelines. The requested 8 treatments of acupuncture are not medically necessary and recommendation is for denial.

Acupuncture 8, 2 times a week for 4 weeks to Lumbar and or Sacral vertebrae (vertebra NOC trunk): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: This patient has a date of injury of 03/20/2013. Utilization review denied request stating "claimant had acupuncture treatment without noted benefit." MTUS guidelines for acupuncture pg 8 recommend acupuncture for pain, suffering and the Restoration of function. Recommended frequency and duration is 3 to 6 treatments to produce functional improvement, 1 to 3 times per week with optimum duration of 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e): Documentation of clinically significant improvement of ADL or reduction in work restrictions AND decreased dependency on medical treatments. Medical file provided for review includes progress reports by [REDACTED] dated 03/25/2013 to 04/23/2013, work status reports by [REDACTED] dated 10/02/2013 to 06/26/2013, and an evaluation report dated 05/30/2013 by [REDACTED]. Medical records show that the patient received Physical therapy sessions with no noted improvement, however, there are no discussions regarding Acupuncture. On 10/02/2013 [REDACTED]. [REDACTED] states patient has right shoulder and right knee ligamentous sprain and recommends that the patient "start Acupuncture 2x4". Medical records do not indicate that patient has had acupuncture before and an initial course of 3 to 6 treatments is recommended, however the requested 8 treatments exceeds what is recommended by MTUS guidelines. The requested 8 treatments of acupuncture are not medically necessary and recommendation is for denial.