

Case Number:	CM13-0059645		
Date Assigned:	12/30/2013	Date of Injury:	09/08/2007
Decision Date:	04/15/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	12/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is licensed 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 expert 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 63 year old female who reported right hip, right shoulder pain and suffered an open fracture of right ankle and mid-shaft fibula after she fell out of a golf cart on 09/08/07. Patient has been diagnosed with status post right ankle fracture and mid -shaft fibula fracture; complex regional pain syndrome; internal derangement, left knee status post arthroscopic surgery; bilateral CMC arthritis; internal derangement, bilateral shoulders, status post right shoulder arthroscopic surgery; TMJ disorder and cervicgia. Patient has been treated extensively with medications, multiple surgeries, Botox injections, numerous physical therapy sessions and 74 acupuncture sessions. Per notes dated 11/14/12, acupuncture provides 50% reduction in leg swelling, decreased pain from 10/10 to 7/10 in 5 months. Per notes dated 12/14/12, acupuncture continues to be curative for her, improved sleep from 3 hours/night to 6 -8 hours/ night; pain decreased from 10/10 to 7/10. Per acupuncture progress notes dated 6/20/13, patient has had 12 acupuncture sessions since April 2013 and has not had any reduction in leg pain. In April she reported the pain as 9/10 and in June the pain was 9.5/10. Per notes dated 10/31/13, she continues to report 9/10 pain without changes over time with acupuncture. Patient feels that she will not be able to sleep well without acupuncture. Per notes dated 12/16/14, pain in the right leg is 9/10, acupuncture was effective for her and helping her sleep. She reports sleep is 2-4 hours/night with increased leg cramps. Notes also mention that since stopping acupuncture her pain has gone up. She has had a total of 74 Acupuncture visits which exceed the recommended maximum duration. Patient is obtaining temporary benefit with acupuncture treatment and has failed any quantifiable improvement. It cannot be expected that additional 4 acupuncture sessions will provide any meaningful benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE ONCE A WEEK FOR FOUR (4) WEEKS FOR THE RIGHT LEG:

Upheld

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

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". Patient has had prior acupuncture treatment. There is lack of evidence that prior acupuncture care was of any functional benefit. Patient has had a total of 74 acupuncture sessions. Pain has continued to range from 9/10-9.5/10. Acupuncture has helped the patient with sleep which has increased from 2 hours/night to 6 hours. 74 Acupuncture visits exceed the recommended maximum duration. Patient is obtaining temporary benefit with acupuncture treatment and has failed any quantifiable improvement. It cannot be expected that additional 4 acupuncture sessions will provide any meaningful 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 or decreased intake of medication. According to medical notes and acupuncture notes patient continues to be in 9/10 pain and is wheel chair bound. Acupuncture has not had any long term functional benefits as additional care cannot be medically justified. Per review of evidence and guidelines, 4 acupuncture treatments are not medically necessary.