

Case Number:	CM13-0061249		
Date Assigned:	12/30/2013	Date of Injury:	08/27/2013
Decision Date:	03/25/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/04/2013

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 44 year old male who reported right shoulder, right elbow, right forearm and right wrist pain from injury sustained on 8/27/13. He sustained an injury while tripping over a wood pallet and falling. Patient was diagnosed with right shoulder sprain/ strain, internal derangement of right shoulder joint region, sprain/ strain of the right elbow and forearm and right wrist sprain/ strain. He has been treated with medication, bracing and physical therapy. Per notes dated 10/8/13, patient complains of pain in his head, right shoulder, right elbow, and right wrist with limited range of motion. He rates his pain 8/10 which is constant in nature. Treating physician is requesting initial course of electro-acupuncture with infrared and myofascial release therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electro-acupuncture with infrared therapy and myofascial release for the right wrist (6 sessions): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Low-Level Laser therapy (LLLT) and Massage Therapy Page(s): 57, 60.

Decision rationale: Per MTUS Acupuncture Medical treatment Guidelines, 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 is 3-6 treatments with a frequency of 1-3 times per week with an optimum duration of 1-2 months. Acupuncture treatments may be extended if functional improvement is documented. This patient hasn't had prior acupuncture treatment. Per guidelines 3-6 treatments are sufficient for initial course of acupuncture. Additional visits may be rendered if the patient has documented objective functional improvement. Per MTUS guidelines, massage therapy is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. This treatment should be an adjunct to other recommended treatment and it should be limited to 4-6 visits in most case. Per MTUS guidelines, LLLT is not recommended since meta-analysis concluded that there are insufficient data to draw firm conclusion about the effects of LLLT for low-back compared to other treatments. There is no mention of LLLT not being recommended for upper extremity pain. This request is for initial course of acupuncture treatment, to see if treatment will result in functional improvement. Per review of evidence and guidelines, 6 initial electro acupuncture visits are medically necessary.