

Case Number:	CM13-0063414		
Date Assigned:	12/30/2013	Date of Injury:	04/29/2009
Decision Date:	10/03/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/09/2013

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 Board Certified 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 53 year old male who reported headaches, neck, low back, bilateral elbow and bilateral knee pain from injury sustained on 04/29/09. He was painting a wall on a ladder when it broke and he fell forward. MRI of the right knee revealed osteochondral cystic changes medical femoral condyle and 8.5mm patellar osteochondral lesion. Patient is diagnosed with headaches; brachial neuritis or radiculitis; lumbar disc protrusion; lumbar spondylosis; lumbar spinal stenosis; lumbar radiculopathy; bilateral medial epicondylitis; bilateral knee sprain/strain; bilateral knee meniscus tear; insomnia; anxiety; depression and sexual dysfunction. Patient has been treated with medication, physical therapy, acupuncture and chiropractic. Per medical notes dated 07/30/13, patient complains of constant headaches rated 8/10, constant neck pain radiating to the upper extremity, constant low back pain, constant elbow pain, bilateral knee pain all rated at 8/10. Examination revealed decreased range of motion and tenderness to palpation. Per medical notes dated 09/23/13, patient complains of intermittent neck pain rated at 8/10 which radiates to his right shoulder, intermittent low back pain rated at 7/10 and right knee pain rated at 7/10. Patient has had 3 acupuncture treatments which helped. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

acupuncture, two (2) times a week for four (4) weeks: 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. Per medical notes dated 09/27/13, patient had acupuncture X3 which helped. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. 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 decrease in medication intake. Per review of evidence and guidelines, 2x4 acupuncture treatments are not medically necessary.