

Case Number:	CM14-0001657		
Date Assigned:	05/07/2014	Date of Injury:	06/12/2013
Decision Date:	06/13/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	01/06/2014

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 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 49 year old female who reported neck, wrist, and knee and ankle pain from injury sustained on 6/12/13. Electrodiagnostic imaging is unremarkable. The patient is diagnosed with cervical trapezius strain; left wrist sprain; left knee sprain; infrapatellar tendon strain; bilateral ankle sprain; bilateral foot traumatic plantar fasciitis. The patient has been treated with medication, physical therapy, and acupuncture. Per notes dated 10/22/13, she states that she continues to experience a constant dull burning ache within her neck that radiates towards her upper arm. She also experiences slight discomfort within her left knee and left ankle. Per notes dated 11/19/133, the patient continues with daily exercise program. She states that acupuncture is helpful and would like additional. She continues with dull burning ache with her neck, radiating towards her upper arm. Examination revealed decreased cervical spine range of motion and tenderness to palpation.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE X6 SESSIONS FOR THE NECK, LEFT WRIST, BILATERAL KNEES AND ANKLE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per the MTUS Acupuncture 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: 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." The medical records provided for review indicate the patient has had prior acupuncture treatment. There is lack of evidence that prior acupuncture care was of any functional benefit. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Additional visits may be rendered if the patient has documented objective functional improvement. Per a review of the evidence and MTUS Guidelines, the request for 6 acupuncture treatments is not medically necessary and appropriate.