

Case Number:	CM14-0002016		
Date Assigned:	01/24/2014	Date of Injury:	03/01/2013
Decision Date:	06/06/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/07/2014

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 a Licensed Chiropractor and Acupuncturist 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 50 year old male who reported hand, left hip, left knee, neck, shoulder, bilateral wrist pain from injury sustained on 3/1/13 due to cumulative trauma. MRI of the right knee revealed meniscus tear and chronic ACL tear. EMG of upper extremity was unremarkable. NCV was suggestive of right median neuropathy; left ulnar neuropathy and right carpal tunnel syndrome. MRI of the right shoulder revealed acromioclavicular arthritis; rotator cuff tendinosis and grade 1 SLAP tear. Patient was diagnosed with cervical discogenic spondylosis; right shoulder tendinosis and left knee internal derangement with meniscus tear and ACL tear. The patient was treated with medication, physical therapy, cortisone injection and acupuncture. The patient was seen for a total of 20 acupuncture visits. There was reports symptomatic improvement for the first 6 visits but lack of functional improvement. Per notes dated 08/26/13, patient complains of neck pain that radiates to the right upper extremity with associated numbness and tingling. He has left knee pain with clicking and locking. Examination revealed limited range of motion with tenderness. Per notes, "injection to the knee is given; however, due to failed care with physical therapy, acupuncture and medication, surgery is recommended." The primary treating physician is recommending additional acupuncture sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE WITH ADJUNCT PROCEDURES 2 TIMES PER WEEK FOR 4 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the 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: 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". In this case, the patient has a total of 20 acupuncture treatment without any objective improvement. 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. Therefore, the request for acupuncture treatments twice a week for four weeks is not medically necessary.