

Case Number:	CM14-0007830		
Date Assigned:	02/07/2014	Date of Injury:	11/13/2010
Decision Date:	06/27/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/17/2014

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 Chiropractic, has a subspecialty 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 57 year old male who reported left shoulder, elbow and wrist pain from injury sustained on 11/13/10. Patient was injured due to a fall and reported ulnar and radial fracture; left wrist dislocation and shoulder pain. Patient is diagnosed with wrist pain, elbow pain, shoulder pain, neck pain and chronic pain. Patient has been treated with medication, injection, physical therapy and surgery. Patient is status post open reduction and internal fixation; left shoulder arthroscopy; removal of left olecranon hardware; intrinsic release of the left index, middle, ring and small fingers. Medical records do not indicate any previous acupuncture treatments. Per notes dated 6/11/13, patient complains of left shoulder and elbow pain rated at 1/10. Examination revealed tenderness along the left AC joint and medial elbow. Wrist pain continues to be unchanged. Per notes dated 9/116/13, patient reports pain rated at 5/10 in the left arm and wrist. Pain is constantly there and is inadequately improving overtime. Primary treating physician is requesting consult and 8 acupuncture sessions. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture consultation: 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 hasn't had prior Acupuncture treatment. Acupuncture is used as an option when pain medication is reduced or not tolerated which was not documented in the medical notes. Medical notes also failed to mention any concurrent physical rehabilitation which would warrant acupuncture visit. Additionally, requested visits exceed maximum quantity supported by cited guidelines. Per guidelines and review of evidence, acupuncture consultation is not medically necessary.

9 Acupuncture visits: 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(s) 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 hasn't had prior Acupuncture treatment. Per guidelines 3-6 treatments are sufficient for initial course of Acupuncture. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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. Per guidelines and review of evidence, 9 Acupuncture visits are not medically necessary.