

Case Number:	CM14-0100160		
Date Assigned:	07/28/2014	Date of Injury:	01/15/2013
Decision Date:	08/29/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/30/2014

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 Occupational Medicine, 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:

This 60 year old patient had a date of injury on 1/15/2013. The mechanism of injury was pulling a rack containing clothes hangers and weighing approximately 30lbs, feeling onset of pain in her right forearm and elbow. The progress notes for 6/11/2014 and on 4/9/2014 preceding the UR decision were illegible. Diagnostic impression shows sprain of neck, knee sprain, sprain thoracic region, sprain lumbar region, sprain of elbow/forearm. Treatment to date: medication therapy, behavioral modification, physical therapy, acupuncture . A UR decision dated 6/18/2014 denied the request for the following on DOS 5/7/2014 and 8/15/2014. 12 acupuncture sessions for the right elbow and forearm to include infrared, electrical acupuncture and capsaicin patch, stating that 12 Acupuncture sessions for the right knee to include infrared, electrical acupuncture and capsaicin patch was denied, stating that the time to produce functional improvement is 3-6 treatments, with 1-3 times per week, with optimal duration being 1-2 months. Acupuncture treatments may be extended if functional improvement is documented. Vicodin 5/500 #60 was denied, stating that there was no documented improvement in pain level or function.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Acupuncture Sessions for the Right Elbow and Forearm To Include Infrared, Electric Acupuncture And Capsaicin Patch: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Page(s): 114.

Decision rationale: CA MTUS/ACOEM guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, with frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician is paramount. In addition, Acupuncture Medical Treatment Guidelines state that acupuncture may be used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Furthermore, guidelines state that time to produce functional improvement of 3 - 6 treatments. CA MTUS Acupuncture Medical Treatment Guidelines state that treatments may be extended if functional improvement is documented (a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation), for a total of 24 visits. On a progress note dated 12/19/2013, the patient was documented to have received 8 acupuncture with infrared sessions to forearm, with 2 of those sessions with capsaicin. The patient reported to be able to carry 2 lbs more. On a progress report dated 1/23/2014, the patient was documented to have received 10 sessions of acupuncture with infrared sessions to forearm with capsaicin. The patient reported to have felt more strength in her arms. However, the patient had already completed 18 sessions, and guidelines do not support more than 24 visits. There was no documentation of objective functional improvement, such as in activities of daily living or a reduction in work restrictions. Therefore, the request for Acupuncture to the right elbow and forearm to include infrared electrical acupuncture with capsaicin was not medically necessary.

12 Acupuncture Sessions to the Right Knee to Include Infrared, Electrical Acupuncture and Capsaicin Patch: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114.

Decision rationale: CA MTUS/ACOEM guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, with frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician is paramount. In addition, Acupuncture Medical Treatment Guidelines state that acupuncture may be used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Furthermore, guidelines state that time to produce functional improvement of 3 - 6 treatments. CA MTUS Acupuncture Medical Treatment Guidelines state that treatments may be extended if functional improvement is documented (a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the

evaluation), for a total of 24 visits. On progress report dated 3/25/2014, the patient is reported to have received 6 sessions of acupuncture with infrared with capsaicin for knee. The patient states that he was able to bend the knee more following these sessions. However, in the reports reviewed, it was not clear if the patient demonstrated objective functional improvements, such as in activities of daily living or a reduction in work restrictions. Furthermore, there was no discussion regarding the need for capsaicin patch. Therefore, the request for 12 acupuncture sessions to the knee with infrared, electrical acupuncture with capsaicin patch was not medically necessary.

Vicodin 5/300 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient has been on Vicodin 5/500 #60 since at least 4/9/2014. In there reports viewed, there was no evidence of functional improvement noted from the patients opioid regimen. Furthermore, there was no evidence of CUREs monitoring, urine drug screens, or pain contract. Therefore, the request for Vicodin 5/500 #60 was not medically necessary.