

Case Number:	CM14-0101955		
Date Assigned:	07/30/2014	Date of Injury:	10/11/2013
Decision Date:	09/22/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/02/2014

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 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 41 year old male who reported right shoulder and bilateral hand pain from injury sustained on 10/11/13 when a metal beam came down on his right wrist. MRI of the right wrist was unremarkable. X-rays of bilateral hands and right shoulder were negative. Patient is diagnosed with right shoulder partial rotator cuff tear; bilateral carpal tunnel syndrome; tendinitis and bursitis of bilateral hands and wrists. Patient has been treated with medication, therapy and acupuncture. Per acupuncture progress notes dated 01/21/14, patient rates his pain at 7/10 and feels the same with treatment. Per medical notes dated 06/04/14, patient complains of intermittent moderate shoulder pain that is described as tingling. Pain is aggravated by lifting arm. Patient reported his pain radiates up to his neck. Patient complains of left wrist and hand pain which is intermittent moderate and described as throbbing. Examination revealed decreased shoulder and hand range of motion with pain. Primary physician is requesting additional 6 acupuncture treatments. 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 3 X 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Insert Section (hand, wrist and forearm)>, <Insert Topic (Acupuncture)>.

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 acupuncture progress notes dated 01/21/14, patient rated his pain at 7/10 and feels the same with treatment. 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. 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. Furthermore official disability guidelines do not recommend acupuncture for hand/wrist and forearm pain. Per review of evidence and guidelines, 2x3 acupuncture treatments are not medically necessary.