

Case Number:	CM14-0102703		
Date Assigned:	07/30/2014	Date of Injury:	10/19/2011
Decision Date:	09/22/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/03/2014

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 licensed 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 37 year old female who reported neck, low back, left shoulder, left hip and right ankle pain from injury sustained on 10/19/11 due to a fall. MRI of the right ankle revealed mild tenosynovitis involving the flexor digitorum longus tendon and posterior tibialis tendon and plantar fasciitis with reactive osteitis of calcaneus. Patient is diagnosed with unspecified site of ankle sprain/strain; lumbar spine intervertebral disc displacement without myelopathy; lumbar sprain/strain; neck sprain/strain; sprain/strain of unspecified site of hip and thigh. Patient has been treated with medication, therapy and acupuncture. Per medical notes dated 03/35/14, patient complains of neck, low back, and right ankle/foot pain. Patient reports falling again while at work due to her right knee. She has completed 5 of 6 acupuncture treatments and she states the treatment is helpful as it relieves the pain and she feels more relaxed. Per medical notes dated 05/27/14, patient complains of neck pain which increases with movement. She complains of neck stiffness. Patient has right shoulder pain with pain and numbness down her right arm to the elbow and hand. She also complains of low back pain which is aggravated with movement. Examination revealed tenderness to palpation and decreased range of motion. Provider is requesting additional 6 acupuncture treatments as previous sessions resulted in symptomatic benefit. 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 1 time a week for 6 weeks for cervical spine, lumbar spine, left shoulder, left hip and right ankle.: 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 has had prior acupuncture treatment. Per medical notes dated 05/27/14, patient reported subjective improvement with treatment; however, 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. 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. Per review of evidence and guidelines, additional 1 times 6 acupuncture treatments are not medically necessary.