

Case Number:	CM14-0010712		
Date Assigned:	06/11/2014	Date of Injury:	06/28/2010
Decision Date:	07/14/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/27/2014

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 is licensed to practice in Texas. 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 27 year old male who reported an injury on 06/28/2010 from pedestrian versus auto accident. The injured worker had a history of pain in the cervical spine, left hand, bilateral wrists, and lumbosacral spine. Upon physical examination on 12/10/2013 the injured worker cervical spine has full range of motion that elicited pain in all planes (no levels given). Exam of the wrist/hand revealed scapholunate disruption in the right wrist. The wrist/hand revealed full range of motion that elicited pain in all planes. Grip strength test using Jamar Dynamometer on the 2nd notch revealed right 50 kg and left 30 kg on try 1. Exam of the lumbosacral spine revealed full range of motion with positive straight leg raise, bilaterally, with elicited pain in all planes. The injured worker had a diagnosis of C3 through C7 disc bulging with loss of lordosis with no significant stenosis, central or foraminal, per MRI on 11/15/2013, right knee anterior cruciate ligament and medial meniscus tear repair, left knee status post anterior cruciate ligament repair with no evidence of re-tear, per MRI on 11/15/2013, multilevel disc disease at L1 through S1 with moderate foraminal narrowing at L5-S1 with 3-4 mm disc, per MRI on 11/15/2013, subchondral cyst within the triquetrum and capitate, per MRI on 11/15/2013, and pain in joint of bilateral ankle. The treatment included, rest, acupuncture, hot/cold packs, and electronic stimulation. The medications were not listed in documentation. The treatment plan is for acupuncture 2 x week for 6 weeks. The request for authorization form was not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 2 X WEEK FOR 6 WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for acupuncture 2 x week for 6 weeks is non-certified. The California Medical Treatment Utilization Schedule (MTUS) guidelines on acupuncture state it is used as an option when pain medication is reduced or not tolerated. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The time to produce functional improvement: 3 to 6 treatments. The injured worker had received acupuncture for and unknown about of sessions. Also, the injured worker is continue to have pain and there is lack of documentation to use of medications to help relieve the pain. Additional sessions would not be supported given the lack of documented objective improvements. As such, the request is not medically necessary.