

Case Number:	CM14-0011311		
Date Assigned:	02/21/2014	Date of Injury:	10/26/2011
Decision Date:	06/25/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/28/2014

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 Physical Medicine and Rehabilitation, 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 is a 47-year-old male with a 10/26/11 date of injury. His subjective complaints include aching pain in the cervical spine with numbness and tingling in the right pectoral region and fingers on his right side, shoulder pain, lumbar pain, hip pain, and knee pain, and objective findings include tenderness in the shoulder, crepitus with range of motion, mild spasm in the lumbar spine, decreased reflexes in the knee and ankle, and decreased sensation in the L4, L5, and S1 distribution. The current diagnoses are C5-6 disc herniation, right shoulder impingement, L4-S1 disc herniation, and right knee internal derangement, and treatment to date has been acupuncture sessions, physical therapy, and medications. A medical report identifies that the patient has had acupuncture visits in the past with some benefit; however, the number of previous acupuncture treatments cannot be determined.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 VISITS ACUPUNCTURE THERAPY FOR SOINE, SHOULDER AND KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

Decision rationale: The MTUS 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, 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 in the case of musculoskeletal conditions is 3-6 treatments given 1-3 times per week over the course of 1-2 months. The MTUS identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications or medical services as a result of Acupuncture treatments to date. Within the medical information available for review, there is documentation of C5-6 disc herniation, right shoulder impingement, L4-S1 disc herniation, and right knee internal derangement. In addition, there is documentation of previous acupuncture treatments. However, there is no documentation of the number of previous acupuncture treatments completed to date. In addition, despite documentation of a rationale that acupuncture provided some benefit, there is no documentation of functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications or medical services as a result of acupuncture treatments to date. As such, the request is not medically necessary.