

Case Number:	CM14-0152049		
Date Assigned:	09/22/2014	Date of Injury:	07/01/2013
Decision Date:	11/26/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/17/2014

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 57 year old male who reported neck, low back, left shoulder, left hip and left knee pain from injury sustained on 07/01/13 after a 15-20 feet wall fell on him. MRI of the left shoulder revealed joint arthrosis and grade 2 SLAP tear. MRI of the left hip revealed anterior labral tear. MRI of the left knee revealed tendinosis of left quadriceps complex. Patient is diagnosed with annular tear with discopathy L4-5 and L5-S1; cervical discopathy; left hip subchondral degenerative cystic changes consistent with anterior labral tear; left shoulder AC arthrosis and type 2 SLAP tear and left knee tendonitis. Patient has been treated with medication, physical therapy and shoulder injection. Per medical notes dated 08/08/14, patient has ongoing pain in his left shoulder, neck, low back, left hip pain radiating into left thigh. Examination revealed tenderness at subacromial bursa and tenderness to palpation of the neck at C6, C7 and T1. Examination of the lumbar spine revealed midline tenderness at L4-S1 as well as superior iliac crest. Provider requested initial trial of 2X6 acupuncture sessions which were modified to 2X3 by the utilization reviewer.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, twice weekly for six weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 not had prior Acupuncture treatment. Provider requested initial trial of 2X6 acupuncture sessions which were modified to 2X3 by the utilization reviewer. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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. Per guidelines and review of evidence, 12 Acupuncture visits are not medically necessary.