

Case Number:	CM14-0155615		
Date Assigned:	09/25/2014	Date of Injury:	11/27/2013
Decision Date:	10/27/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/23/2014

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 75 year old male who reported chest wall pain, neck, left shoulder, left knee and back pain from injury sustained on 11/27/13 due to slip and fall. MRI of the left elbow revealed lateral epicondylitis. MRI of the left hip revealed enlarged prostate and sigmoid diverticulitis. MRI of left knee revealed infrastance degeneration. MRI of the cervical spine revealed multilevel disc protrusion. MRI of the left shoulder revealed full thickness tear of the supraspinatus and partial thickness tear of the infraspinatus and subscapularis. MRI of the lumbar spine revealed multilevel disc protrusion. Patient is diagnosed with cervical spine disc protrusion, thoracic spine sprain/strain, and lumbar spine facet arthropathy, left shoulder tear, left elbow lateral epicondylitis, left knee sprain / strain and left hip sprain/strain. Patient has been treated with medication, physical therapy and acupuncture. Per medical notes dated 05/23/14, patient complains of neck, shoulder, left elbow, thoracic spine, lumbar spine and left hip pain rated at 3-4/10. Per acupuncture progress notes dated 06/10/14, patient complains of left shoulder pain rated at 4-6/10; patient states he is able to carry and lift more weights. Per medical notes dated 06/25/14, patient complains of neck pain rated at 9/10; left shoulder, left elbow, thoracic spine, lumbar spine, left hip, left knee pain all rated at 3/10. Medical notes are handwritten and moderately illegible. Patient has had 19 acupuncture sessions and provider is requesting additional 8 acupuncture sessions. 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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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. Provider is requesting additional 2 times 4 acupuncture sessions. Per acupuncture progress notes dated 06/10/14, patient complains of left shoulder pain rated at 4-6/10; patient states he is able to carry and lift more weights. Per medical notes dated 05/23/14, patient complains of left shoulder pain rated at 3/10. Per medical notes dated 06/25/14, patient complains of left shoulder pain rated 3/10. Patient has had 19 acupuncture sessions to date. Provider is requesting additional 8 acupuncture sessions. 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. There is no documentation afforded for review that establishes a clear, updated clinical status of the patient with current objective finding, functional deficits and the benefits obtained with acupuncture already approved/rendered that would substantiate a medical indication for additional care. Additional visits may be rendered if the patient has documented objective functional improvement. 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. Per review of evidence and guidelines, additional 8 acupuncture treatments are not medically necessary.