

Case Number:	CM14-0162342		
Date Assigned:	10/07/2014	Date of Injury:	05/15/2014
Decision Date:	11/04/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/02/2014

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 Chiropractic, has a subspecialty in 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 35 year old female who reported neck, low back, right shoulder and bilateral hand/wrist pain from injury sustained on 05/15/14. Electromyography/Nerve Conduction Study (EMG/NCS) of the upper extremity dated 08/13/14 were unremarkable. Injured worker is diagnosed with bilateral hand/wrist tendonitis, right shoulder rotator cuff tendonitis, cervical spine sprain/strain, and lumbar spine sprain/strain. Injured worker has been treated with medication, physical therapy and acupuncture. Per medical notes dated 07/10/14, injured worker reports that since her last visit, she feels the same. Injured worker complains of persistent numbness of right 4th and 5th digit. Per medical notes dated 09/10/14, injured worker complains of persistent neck pain, low back pain and bilateral extremity pain. With conservative care, inclusive of 6 sessions of acupuncture and 12 of physical therapy the injured worker has not improved to pre-injury status. Pain is rated at 5-6/10. Paraesthesia is noted at the hands, wrists, and forearm bilaterally, right greater than left. Symptoms generally increase with grasping, hold, writing, lifting activities and house chores. Examination revealed tenderness to palpation. Provider requested additional 2X3 acupuncture treatment of the neck, lumbar, right shoulder and bilateral hand/wrist. 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 an injured worker 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 2 Times a Week for 3 Weeks to the Neck, Lumbar, Right Shoulder and Bilateral Hands/Wrists: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Hand/Wrist and Forearm Pain, Acupuncture.

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". Injured worker has had prior acupuncture treatment. Per medical notes dated 09/10/14, injured worker complains of persistent neck, low back and bilateral extremity pain; with conservative care inclusive of physical therapy and acupuncture, the injured worker has not improved to pre-injury status. 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 an injured worker who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the injured worker 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 or decrease in medication intake. Furthermore Official Disability Guidelines do not recommend acupuncture for hand/wrist pain. Per review of evidence and guidelines, 2x3 acupuncture treatments are not medically necessary.