

Case Number:	CM14-0028079		
Date Assigned:	06/16/2014	Date of Injury:	08/30/2011
Decision Date:	07/17/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/05/2014

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 Medicine, 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 52-year-old who reported neck, shoulder and wrist pain from injury sustained on August 30, 2011. Mechanism of injury is unknown. There were no diagnostic imaging reports. Patient is diagnosed with cervicalgia; shoulder pain and carpal tunnel syndrome. Patient has been treated with medication and acupuncture. Per notes dated January 21, 2014, patient complains of left shoulder pain that radiates down the left arm. Examination revealed decreased range of tenderness to palpation. Treatment plan includes blood test, medication; continue acupuncture, self home exercise program and TENS (transcutaneous electrical nerve stimulation). Per utilization review appeal dated April 2, 2014 "patient reports that medications are helpful but hurting her stomach and thinking it may be her liver from taking the prescribed medications". Per notes dated April 10, 2014, patient complains of pain which is better with acupuncture. Medication helps with pain, refill vicodin. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Acupuncture progress notes were in a checklist format and revealed decreased pain, and increased range of motion; however, notes did not use objective scale to show functional improvement i.e. VAS (visual analog scale) or degrees of range of motion. 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. 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOUR ACUPUNCTURE SESSIONS PROVIDED ON JANUARY 21, 24, 27, AND 29, 2014: 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: According to the Acupuncture Medical Treatment Guidelines, "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: three to six treatments. 2) Frequency: one to three times per week. 3) Optimum duration: one to two months. Acupuncture treatments may be extended if functional improvement is documented". Patient has had prior acupuncture treatment. There is lack of evidence that prior acupuncture care was of any functional benefit. Acupuncture progress notes were in a checklist format and revealed decreased pain, and increased range of motion; however, notes did not use objective scale to show functional improvement i.e. VAS (visual analog scale) or degrees of range of motion. Utilization appeal letter notes that "the patient reports medication is helpful but hurting her stomach and thinking it may be her liver from taking the prescribed medication"; however, vicodin was refilled on April 10, 2014. 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. Additional visits may be rendered if the patient has documented objective functional improvement. According to the Acupuncture Medical Treatment 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. The request for four acupuncture sessions provided on January 21, 24, 27, and 29, 2014, is not medically necessary or appropriate.