

Case Number:	CM14-0028748		
Date Assigned:	06/20/2014	Date of Injury:	05/24/2013
Decision Date:	07/21/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/06/2014

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 Occupational & Preventative Medicine 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 patient is a 23-year-old male born on 03/29/1991 with a reported date of injury on 05/24/2013. While performing his usual and customary work as a dishwasher, on or around 05/24/2013 he developed neck pain radiating into his arms and hands with numbness and tingling. In July 2013 the patient was put on a course of physical therapy directed to his low back and knees only, which he attended for 24 sessions with no benefit. The chiropractor's PR-2 of 10/14/2013 recommended acupuncture at a frequency of 2-3 times per week for 6 weeks. The initial acupuncture report of 11/08/2013 noted complaints of mid and low back pain and recommended acupuncture and/or electroacupuncture for 12 visits, 2 visits per week for 6 weeks. The chiropractor's PR-2 of 11/27/2013 recommended acupuncture at a frequency of 2-3 times per week for 6 weeks. The follow-up acupuncture report of 12/27/2013 noted patient complaints of severe low back pain, and there was a plan to perform acupuncture and/or electroacupuncture for 12 visits, 2 visits per week for 6 weeks. The chiropractor's PR-2 of 12/30/2013 recommended acupuncture at a frequency of 2-3 times per week for 6 weeks. On 01/06/2014, the patient underwent orthopedic examination. The patient reported complaints of neck pain, pain to the bilateral hands/wrists, low back pain, bilateral knee pain, and pain in the bilateral ankles. Following x-ray and physical examination the patient was diagnosed with: 1) musculoligamentous cervical sprain/strain, 2) left carpal tunnel syndrome, 3) chronic lumbosacral sprain/strain, superimposed upon 2 mm disc protrusion at L4-5 and 2.7 mm disc protrusion at L5-S1 per MRI of 08/17/2013, 4) bilateral knees strains, 5) partial thickness tear of the anterior cruciate ligament, left knee, per MRI of 08/17/2013, and 6) history of ankle complaints normal clinical examination. The record of 01/06/2014 reports the patient was determined to have reached Maximum Medical Improvement. The chiropractor's 02/03/2014 PR-2 reports the patient presented with intermittent neck pain and stiffness, constant low back pain

and stiffness, intermittent bilateral wrist pain, intermittent bilateral knee pain and popping, loss of sleep due to pain, and depression, anxiety, and irritability. By examination on 02/03/2013, cervical, lumbar, bilateral wrist, and bilateral knee ranges of motion were painful, but degrees of motion were not reported. On 02/03/2014 diagnoses were reported as cervical musculoligamentous injury, cervical myospasm, lumbar muscle spasm, lumbar disc protrusion, lumbar foraminal narrowing, left carpal tunnel syndrome, right carpal tunnel syndrome, left knee anterior cruciate ligament tear, left knee meniscus tear, right knee sprain/strain, and bilateral knee joint effusion. There was a recommendation for 7 acupuncture treatment sessions. There is a request for acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

THERAPY - ACUPUNCTURE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines report acupuncture is 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. There is no documentation the patient was reducing medication or medication was not tolerated, and there is no documentation acupuncture was to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery; therefore, the requested acupuncture treatment sessions are not supported to be medically necessary. Additionally, when acupuncture is supported, Acupuncture Medical Treatment Guidelines allow a 3-6 visit treatment trial to produce functional improvement, and treatment may be extended if functional improvement is documented with the 3-6 visit treatment trial. Although the patient had treated with numerous prior acupuncture sessions, there were no records to provide evidence of functional improvement with care already completed; therefore, additional acupuncture treatment sessions are not supported to be medically necessary.