

Case Number:	CM14-0029338		
Date Assigned:	06/20/2014	Date of Injury:	03/29/2005
Decision Date:	07/21/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/07/2014

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 55-year-old female, born on [REDACTED]. She has a date of injury of 03/29/2005, but there was no record of the biomechanics of injury reported. The earliest dated medical documentation provided for this review is the encounter note relative to follow-up visit on 10/02/2013 for complaints of chronic neck, shoulder and upper extremity pain rated 8/10 with medications. She continued medications with benefit. On 10/02/2013, no measured objective factors were noted, and she was reported permanent and stationary. The patient was seen in follow-up visit on 12/11/2013 relative to chronic neck, shoulder, and upper extremity pain rated 7.5/10 on 12/11/2013 with medications. Without Cymbalta her pain was 9/10 and with it her pain was reduced to 7/10. She received right De Quervain's injection on 11/05/2013 with 50% pain relief. On 12/11/2013, no measured objective factors were reported, and she was diagnosed with reflex sympathetic dystrophy of the upper limb. The encounter note of 01/08/2014 reports the patient continued to utilize medications with benefit and improved function. The encounter note of 02/19/2014 reports acupuncture had helped to relieve her pain by 20%, and there was a request of 6 sessions of acupuncture to help relieve her flare-up. The 03/05/2014 follow-up visit documentation indicates the patient had been paying for acupuncture out-of-pocket, and acupuncture helped decrease her pain by 20% and kept her pain more stable at a lower level. During follow-up visit on 04/02/2014, she reported that she continued to pay for twice weekly acupuncture sessions with approximately 50% improved mobility. During follow-up visit on 04/30/2014, she reported 9/10 chronic neck, shoulder, and upper extremity pain, and reported acupuncture helped to improve her mobility and reduced pain to 8/10. The patient was seen in follow-up visit on 05/28/2014 relative to chronic neck, shoulder, and upper extremity pain. By examination on 05/28/2014 she was reported well-developed, well-nourished, and in no cardiorespiratory distress; oriented x 3, she ambulated without assistance, positive Finkelstein's

test on positive on right, moderate swelling noted around the right CMC joint in addition to TTP, and no color changes or signs of infection. No measured objective factors were reported, and the patient was diagnosed with reflex sympathetic dystrophy of the upper limb, pain in shoulder joint, and hand/wrist tenosynovitis. The encounter note of 06/25/2014 reports the patient could not wait, she left and said she would reschedule. Acupuncture treatment records indicate the patient treated on 6 occasions from 08/17/2013 through 09/17/2013, without documentation of objective functional improvement noted. There is a request for 6 acupuncture treatment sessions to the neck and bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for six (6) sessions to the neck and bilateral upper extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for 6 acupuncture treatment sessions for the neck and bilateral upper extremities is not supported by Acupuncture Medical Treatment Guidelines to be medically necessary. 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.