

Case Number:	CM14-0030511		
Date Assigned:	06/20/2014	Date of Injury:	04/16/2012
Decision Date:	07/17/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	03/10/2014

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 47-year-old who reported right shoulder; right hand/wrist; right hip; left knee and left ankle pain from injury sustained on April 16, 2012 due to slip and fall. MRI of the right shoulder revealed minimal joint effusion and subcoracoid bursitis. Radiographs of the left ankle revealed Haglund's deformity and heel spur. Patient is diagnosed with left knee contusion, right hip contusion, uncontrolled diabetes. Patient has been treated with medication and acupuncture. According to the notes dated December 24, 2013, patient complains of right shoulder pain 7/10 which is increased with raising her arm; right hip pain 7/10 increased with standing left knee and ankle pain rated at 7/10. Examination revealed decreased active and passive range of motion with tenderness to palpation. Primary treating physician is requesting continuation of acupuncture 2X4. Per notes dated January 28, 2014, patient complains of right shoulder, hand/wrist, right hip, left ankle pain all rated at 6/10; left knee pain rated at 8/10. Examination revealed painful and restricted range of motion. She is a candidate for left knee arthroscopic procedure. Previous acupuncture progress notes were not provided for review. 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 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:

Acupuncture, twice weekly for four weeks,: Upheld

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

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". According to the medical records, patient has had prior acupuncture treatment. 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. Furthermore, requested visits exceed the quantity of acupuncture visits supported by the cited guidelines. 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 Acupuncture, twice weekly for four weeks, is not medically necessary or appropriate.