

Case Number:	CM14-0049758		
Date Assigned:	07/07/2014	Date of Injury:	12/05/2013
Decision Date:	08/06/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/17/2014

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 58 year old male who reported low back, left elbow and left wrist pain from injury sustained on 12/05/13 while moving a pallet, he fell backwards. Patient is diagnosed with lumbar spine sprain/strain; elbow sprain/strain and left wrist sprain/strain. MRI of the lumbar spine revealed facet hypertrophy. MRI of the left wrist revealed mild osteonecrosis of carpal bones and hypertrophic changes of the 1st metacarpal bone. MRI of the elbow revealed hypertrophic changes of proximal radius and ulna. According to medical records dated 01/22/14, patient complains of constant moderate dull, achy, sharp low back pain with stiffness. Patient complains of intermittent moderate, dull, achy, sharp elbow pain and stiffness. Examination revealed tenderness to palpation. Pain in the low back is rated at 8/10 and pain in left wrist is rated at 7/10. According to medical records dated 02/25/14, patient complains of constant moderate, dull, achy, sharp low back pain with stiffness. Patient complains of intermittent moderate, dull, achy, sharp left elbow and wrist pain with stiffness and weakness. Primary physician is going to refer to acupuncture 2X4 to increase range of motion and increase activities of daily living and decrease pain. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture Eight (8) Sessions; Body Part: Left Elbow and Left Wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to MTUS- Section 9792.24.1, Acupuncture Medical treatment Guidelines, Pages 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 functional 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". The injured worker hasn't had prior Acupuncture treatment. According to the guidelines, 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. Furthermore acupuncture is used as an option when pain medication is decreased or not tolerated, which was not documented in the medical records. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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. According to the guidelines and review of evidence, 8 Acupuncture visits are not medically necessary.