

Case Number:	CM14-0051715		
Date Assigned:	07/07/2014	Date of Injury:	12/28/2012
Decision Date:	08/22/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/18/2014

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 a licensed Chiropractic and 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 60 year old male who reported left shoulder and left ankle pain from injury sustained on 12/28/12. He fell off the roof landing on bilateral ankles and then fell on the left shoulder. X-rays revealed fracture of the left foot/ankle. Patient is diagnosed with tear of medial meniscus of bilateral knees; sprain of cruciate ligament; bursitis and tendinitis of left shoulder; bursitis and capsulitis of left foot. Patient has been treated with medication, surgery, physical therapy and acupuncture. Per medical notes dated 02/26/14, patient complains of constant moderate pain and swelling of left leg. Patient also complains of occasional, minimal pain of left shoulder. Patient hears and feels popping sensation with movement of shoulder. Examination revealed moderate swelling with discoloration of left aspect of heel and ankle. Primary physician requested additional 6 acupuncture sessions, this was denied by the utilization reviewer due to lack of functional improvement. Per medical notes dated 04/09/14, patient complains of constant moderate pain that was described as burning and was aggravated by walking. Patient complains of occasional minimal left shoulder pain described as aching. Pain increases with sudden movement and reaching overhead. Patient reported functional improvement with acupuncture since last examination. He had increased activities of daily living since the last examination including: reaching into higher cabinetry and shelving. He also had increased range of motion of left knee with flexion from 95 degrees to 110. 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture one time per week for six weeks, left shoulder and left ankle: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the MTUS Acupuncture Medical treatment Guidelines page 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 function 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. In this case, the patient has had prior acupuncture treatment. According to the medical notes dated 04/09/14, the patient reported functional improvement with acupuncture since last examination. The patient had increased activities of daily living since the last examination including: reaching into higher cabinetry and shelving. He also had increased range of motion of left knee with flexion from 95 degrees to 110. Medical reports reveal evidence of changes and improvement in findings, revealing a patient who has achieved objective functional improvement to warrant additional treatment. According to the MTUS 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. Per review of evidence and guidelines, 6 acupuncture treatments are medically necessary and appropriate.