

Case Number:	CM14-0060061		
Date Assigned:	07/09/2014	Date of Injury:	04/21/2011
Decision Date:	08/15/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/30/2014

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 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 49 year old female who reported neck and upper extremity pain from injury sustained on 4/21/11 by cumulative trauma. Radiographs (2011) of bilateral shoulder revealed joint space narrowing seen of bilateral acromioclavicular joints along with small osteophyte formation. Electrodiagnostic studies revealed carpal tunnel syndrome. Patient is diagnosed with cervical and thoracic strain and arthrosis; bilateral shoulder impingement syndrome with acromioclavicular joint arthrosis; bilateral carpal tunnel syndrome and cubital tunnel syndrome. Patient has been treated with medication and therapy. Per medical notes dated 09/06/13, patient complains of pain in the bilateral hands and wrists; left more than the right; occasional pain in the upper and mid back and constant low back pain. Per utilization review; medical notes dated 02/24/14 revealed patient complaining of pain in the bilateral upper extremity. There is weakness over the aspect of the left hand. Primary physician is requesting a trial of 12 acupuncture treatments which were modified to 6 by the utilization reviewer. 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 2 x per week x 6 weeks for Bilateral Upper Extremities with Electrical Stimulation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS- Section 9792.24.1 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. Patient has not had prior Acupuncture treatment. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Primary treating physician is requesting initial trial of 12 acupuncture treatments which were modified to 6 treatments by the utilization reviewer. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines. 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. Per guidelines and review of evidence, 12 Acupuncture visits are not medically necessary.