

Case Number:	CM14-0060932		
Date Assigned:	07/09/2014	Date of Injury:	10/26/1989
Decision Date:	08/08/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/01/2014

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 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:

This is a 61-year-old patient with pain complains of neck, lower back and left lower extremity, amongst others, after his injury (mechanism of injury: struck by a vehicle that launched the patient 55 feet in the air). Diagnoses included chronic cervical-lumbar musculotendino-ligamentous injury, status post multi, healed tibial/fibula fracture, amongst others. Previous treatments included correctional surgery (osteotomy of the left Fibula and Tibia), oral medication, chiropractic-physical therapy, psych counseling, and work modifications amongst others. As the patient continued symptomatic, a request for acupuncture x6, kinesio taping and an infrared lamp was made on April 7, 2014 by the PTP (primary treating physician). The requested care was denied on April 14, 2014 by the UR reviewer. The reviewer rationale was acupuncture modality is used as an option when pain medication is reduced or not tolerated. There was no indication from the documentation provided that the patient is not tolerating pain medication. The patient continues to use Norco. Therefore, the requested acupuncture is not medically indicated. Regarding the infra lamp, there was no clear rationale provided for an infra lamp. The guidelines indicated that passive modalities such as this are not indicated, as they do not produce long-term benefit, therefore not certified. Regarding kinesio taping, there was no indication that the patient presents patellar instability, which is typically the indication for this DME. ODG guidelines does not support the requested kinesio taping, therefore is not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, twice weekly for three weeks, infrared lamp, and kinesio taping: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment

Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Kinesio tape (KT).

Decision rationale: Report from the PTP dated June 2, 2014 answered the utilization review denial indicated: patient was status post multiple surgeries (x10); VAS (visual analog scale) rated at 7-8/10 without medications and 5-6 with medication; grade 4/9 muscle weakness; patient is using a cane. Based on the records reviewed, as the patient continued significantly symptomatic with reduced ADLs (activities of daily living), an acupuncture trial for pain management and function improvement was reasonable and supported by the Acupuncture Medical Treatment Guidelines. The Acupuncture Medical Treatment Guidelines note that the number of acupuncture sessions to produce functional improvement is three to six treatments. Therefore, the six acupuncture sessions trial requested by the PTP would have been reasonable, appropriate, within the current guidelines. Regarding, the infra[red] lamp, the Acupuncture Medical Treatment Guidelines notes in the Physical Medicine recommendations: Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Therefore, due to the chronicity of the injury and the short term relief that it offers, the recommendation for infra[red] lamp is not supported for medical necessity. In regards to the kinesio taping request, the research of the ODG guidelines indicated that is not supported for medical necessity by quality studies. The request for acupuncture, twice weekly for three weeks, infrared lamp, and kinesio taping is not medically necessary or appropriate.