

Case Number:	CM14-0060947		
Date Assigned:	08/13/2014	Date of Injury:	12/20/2013
Decision Date:	09/18/2014	UR Denial Date:	04/03/2014
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 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 55 year old male who reported spine, bilateral upper and lower extremity, bilateral hips and bilateral heel pain from injury sustained on 12/20/13 due to cumulative trauma. A MRI of the left shoulder revealed rotator cuff tendinosis with small partial thickness tear distal supraspinatus tendon; inferior lateral tilting of the acromion with degenerative changes of the acromioclavicular joint and a MRI of the thoracic spine revealed multilevel disc protrusion. There was an EMG/NCV of the bilateral lower extremity revealed chronic bilateral S1 radiculopathy and the EMG/NCV of the bilateral upper extremity was unremarkable. The patient is diagnosed with pain the limb; internal derangement of knee; lumbar radiculopathy; enthesopathy of hip; derangement of joint- shoulder and bicipital tenosynovitis. The Injured worker has been treated with medication, physical therapy and acupuncture. Per the medical notes dated 03/25/14, there has been no significant improvement since last exam. He continues to have bilateral hip pain, left more than right. He also continues to experience low back pain. Patient is experiencing numbness and tingling in his left hand and 5th digit of his left hand. Patient is undergoing acupuncture which is helping him significantly. Per medical notes dated 06/02/14, patient reports no significant improvement since last exam. The patient continues to have back pain, significant hip pain, left more than right. He is unable to sleep. Patient is also having numbness and tingling in his hands and feet. Examination revealed tenderness to palpation and decreased range of motion of the shoulder, lumbar spine and left hip. Provider is requesting additional 4X3 acupuncture treatments. 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for Bilateral Knees, Full Back, Left Shoulder, Bilateral Lower Extremities, Left Hip, Heels, and Feet 3x/Week for 4/Weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per the MTUS 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. It states in the guidelines, "Time to produce function improvement 3-6 treatments, frequency 1-3 times per week, optimum duration 1-2 months and acupuncture treatments may be extended if functional improvement is documented." There is lack of evidence that prior acupuncture care was of any functional benefit. 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. Additional visits may be rendered if the patient has documented objective functional improvement. Per the 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. With review of evidence and guidelines, 4X3 acupuncture treatments are not medically necessary.