

Case Number:	CM14-0063628		
Date Assigned:	07/11/2014	Date of Injury:	03/01/2012
Decision Date:	09/19/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/06/2014

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 64 year old male who reported bilateral hand and wrist pain from injury sustained on 03/01/12 due to cumulative trauma of repetitive pushing, pulling, gripping, grasping, lifting and carrying amplifiers. Patient is diagnosed with carpal tunnel syndrome; bursitis/ tendinitis of bilateral wrists; tear of TFCC; tear of medial meniscus of right knee; bursitis/ tendinitis of left shoulder; partial tear of rotator cuff and bursitis of right knee. Patient has been treated with medication, surgery, therapy and acupuncture. Per medical notes dated 03/05/14, patient complains of constant moderate to severe bilateral wrist and hand pain which is described as sharp, throbbing and aching. Patient complains of constant moderate to severe left shoulder pain and right knee pain which is worse with walking and prolonged standing. Per medical notes dated 04/16/14, patient complains of constant slight to moderate pain that was described as sharp, throbbing and aching. Patient complains of constant moderate to severe left shoulder pain and right knee pain. Provider is requesting acupuncture X6 for the right shoulder. Functional improvement was noted in increased flexion of the right knee from 48 to 80 degrees. Medical notes did not document functional deficits for right shoulder which would necessitate acupuncture treatment. 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:

(6) sessions of acupuncture to the right shoulder: 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 had prior acupuncture treatment. Per medical notes dated 04/16/14, patient had increased flexion of the right knee of the treatment. The request is for additional acupuncture to the right shoulder. There is lack of evidence that prior acupuncture care was of any functional benefit of the right shoulder. Medical notes did not document functional deficits for right shoulder which would necessitate acupuncture treatment. Prior acupuncture progress notes were not included in the medical records for review. 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 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 not medically necessary.