

Case Number:	CM14-0072277		
Date Assigned:	07/16/2014	Date of Injury:	10/10/2011
Decision Date:	12/03/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/19/2014

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 licensed 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:

The injured worker is a 55 year old male who reported neck, low back shoulder and knee pain from injury sustained on 10/10/11. Mechanism of injury was not documented in the provided medical records. MRI of the left knee revealed medial meniscus circumferential tear; lateral meniscus tear; meniscal cyst; fluid in patellofemoral space and joint spaces; and popliteal cyst. MRI of the left shoulder revealed minimal GH joint effusion and osteoarthropathy of acromioclavicular joint. MRI of the cervical spine revealed early disc desiccation throughout the spine and multilevel diffuse disc protrusion. Patient is diagnosed with left knee sprain/strain with internal derangement; cervical spine sprain/strain with multiple disc bulges; left shoulder sprain/strain; lumbar spine sprain/strain with multiple disc bulges; status post open reduction internal fixation of olecranon. Per medical notes dated 06/20/14, patient complains of low back pain radiating down to his left leg with numbness sensation. Examination revealed tenderness to palpation of the lumbar spine with muscle spasms; decreased range of motion. Provider requested for the patient to continue his acupuncture 2X6. 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 2 X WEEK X 6 WEEKS LUMBAR, CERVICAL, LEFT SHOULDER:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 06/20/14, patient complains of low back pain with radiation down to his left leg with numbness sensation. Provider is requesting for the the patient to continue his acupuncture 2X6. 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 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. Requested visits exceed the quantity of acupuncture visits supported by the cited guidelines. Per review of evidence and guidelines, 2x3 acupuncture treatments are not medically necessary.