

Case Number:	CM14-0092992		
Date Assigned:	09/15/2014	Date of Injury:	02/08/2012
Decision Date:	10/28/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/19/2014

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 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 47 year old female who reported wrist, elbow, shoulder, neck and left shoulder pain from injury sustained on 02/08/12. She was moving an electric ladder and smashed her right hand between the ladder and display. MRI of the right wrist dated 09/11/13 revealed linear low signal along the distal radius. MRI of the bilateral hands was normal. MRI of bilateral shoulder dated 09/11/13 revealed tendinosis. MRI of the cervical spine dated 09/11/13 revealed disc protrusion. Patient is diagnosed with sprain/strain of wrist, elbow, shoulder and neck. Patient has been treated with medication, physical therapy and acupuncture. Per medical notes dated 05/09/14, patient complains of neck, low back and left shoulder pain. Pain is rated at 5/10. Neck pain radiates to bilateral hands. She reports improvement in her pain level from 8/10 to 3/10 after taking pain medication. Examination revealed limited range of motion of the cervical spine, lumbar spine and left shoulder. Per utilization review, patient has had prior acupuncture treatment. Provider requested 2 times 4 acupuncture treatments for right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 acupuncture visits for the right hand, two visits per week for four weeks: 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". Per UR, patient has had prior acupuncture treatment. Per medical notes dated 05/09/14, patient complains of neck, low back and left shoulder pain rated at 5/10. Provider requested 2 times 4 acupuncture treatments for right hand. There is no documentation afforded for review that establishes a clear, updated clinical status of the patient with current objective finding, functional deficits and the benefits obtained with acupuncture already approved/rendered that would substantiate a medical indication for additional care. 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. Furthermore Official Disability Guidelines do not recommend acupuncture hand/wrist and forearm pain. Per review of evidence and guidelines, 2 times 4 acupuncture treatments are not medically necessary.