

Case Number:	CM14-0006265		
Date Assigned:	06/13/2014	Date of Injury:	03/31/2008
Decision Date:	01/07/2015	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/16/2014

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 a licensed Chiropractor & Acupuncturist, 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 61 year old female who reported neck, upper extremity and knee pain from injury sustained on 03/31/08 due to a slip and fall. Patient is diagnosed with Cervical radiculopathy; left tennis elbow; bilateral mild carpal tunnel syndrome; left knee internal derangement; sleep disorder; bilateral chronic S1 radiculopathy; and right shoulder dislocation. Patient has been treated with medication and physical therapy. Per medical notes dated 12/03/13, patient remains symptomatic. She has knee pain as well as shoulder and elbow pain. Examination revealed paravertebral muscles are tender; left knee joint line tenderness. Per medical notes dated 12/11/13, patient reports pain in her neck, primarily the left side, left shoulder, left elbow, left wrist/hand, and left knee. There is also pain in the right shoulder and in her low back. Per provided medical records, patient has not had prior Acupuncture treatment. Provider requested 3x4 acupuncture treatments for left elbow and bilateral knees. There is no evidence that this patient exhibits significant functional loss and is unable to perform an independent, self-directed, home exercise program, rather than the continuation of skilled intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 3 times a week for 4 weeks for the Left Elbow and Bilateral Knees: 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 provided medical records, patient has not had prior Acupuncture treatment. Provider requested 3x4 Acupuncture treatments for left elbow and bilateral knees. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial Acupuncture visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS- Definition 9792.20 (f) 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. There is no documentation afforded for review that establishes a clear, updated clinical status of the patient with current functional deficits that would substantiate a medical indication for care. There is no evidence that this patient exhibits significant functional loss and is unable to perform an independent, self-directed, home exercise program, rather than the continuation of skilled intervention. Per guidelines and review of evidence, 12 Acupuncture visits are not medically necessary.