

Case Number:	CM14-0164030		
Date Assigned:	10/08/2014	Date of Injury:	09/22/2011
Decision Date:	02/25/2015	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/06/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractor, Oriental Medicine

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 60 year old male who reported neck, left shoulder, bilateral elbows, bilateral hand and wrists, low back and bilateral knee pain from injury sustained on 09/22/11 due to cumulative trauma. Patient is diagnosed with cervical sprain, lateral epicondylitis, carpal tunnel syndrome, shoulder impingement, lumbar radiculopathy. Patient has been treated with medication, therapy and acupuncture. Per medical notes dated 09/03/14, there has been no significant improvement since the last exam. He continues to have significant left shoulder and neck pain. The pain is also causing him headaches. He also continues to have low back pain. He is undergoing acupuncture treatment, which is helping him. Patient continues to have left knee pain as well as instability. Examination revealed decreased range of motion and tenderness to palpation of the injured areas. Provider requested additional 12 acupuncture treatments which was non-certified by the utilization review. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture three times a week for four week to the left shoulder, bilateral elbows, bilateral hands and wrists, lower back 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." Patient has had prior acupuncture treatment. Per medical notes dated 09/03/14, there has been no significant improvement since the last exam; he continues to undergo acupuncture which is helping him. Provider requested additional 12 acupuncture treatments which was non-certified by the utilization review. Requested visits exceed the quantity supported by cited guidelines. 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, the request is not medically necessary.