

Case Number:	CM14-0170390		
Date Assigned:	12/02/2014	Date of Injury:	05/13/2014
Decision Date:	01/14/2015	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/15/2014

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 and 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 33 year old male who reports pain in his neck, right shoulder, right elbow, right forearm, right wrist/hand, mid back and low back resulting from a work related injury on 05/13/2014. The patient states he was cleaning a machine at which time he slipped and fell and his right hand got caught in the conveyor belt of the machine pulling his arm in up to the elbow. The patient is diagnosed with cervical spine radiculopathy, cervical spine pain, r/o cervical disc displacement (HNP), r/o right shoulder rotator cuff tear, right elbow lateral epicondylitis, status post upper indicator internal fixation with residual pain, status post crush injury at the forearm, r/o right wrist triangular fibrocartilage tear, thoracic spine sprain/strain, r/o thoracic spine HNP, low back pain, radiculitis lower extremity and r/o lumbar disc displacement HNP. Per physicians notes dated 08/19/2014 patient rates his pain as follows: neck 8/10, right shoulder 8/10, right elbow 8/10, right forearm 9/10, right wrist/hand 7/10, mid back 6-7/10 and low back 7/10. Examination revealed the following: cervical spine, +3 tenderness to palpation at the sub-occipital muscles, scalene and trapezius muscles; right shoulder, +2 tenderness to palpation at the supraspinatus, infraspinatus muscles, tendon attachment sites as well as +1 tenderness to palpation at the AC joint; right elbow, tenderness to palpation at the lateral epicondyle and extensor muscle compartment; right forearm, tenderness to palpation noted at the surgical site; right wrist/hand, tenderness to palpation at the distal radioulnar joint, carpal tunnel, first dorsal extensor muscle compartment, TFCC, all joints, dorsal surface, carpal bones, thenar eminence and the metacarpals; thoracic spine, tenderness to palpation over the spinous process T3, T4, T5 as well as thoracic paraspinal muscle guarding; lumbar spine, tenderness to palpation over the spinous processes at L2-L5 as well as bilateral lumbar paraspinal muscle guarding. Patient has been treated with medication, physical therapy, chiropractic care, surgery of the right hand and possible acupuncture. Primary treating physician requested 3 X 6 visits which were

denied by the utilization review. Based on the provided medical records, it is unclear whether patient has had prior acupuncture treatments. Requested visits exceed the quantity of initial acupuncture visits supported by the cited guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per the MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines pages 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". Based on the provided medical records, it is unclear whether the patient has had prior Acupuncture treatment. Primary treating physician requested 3 X 6 visits which were denied by the utilization review. 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. The 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. Per guidelines and review of evidence, 3 X6 acupuncture visits are not medically necessary.