

Case Number:	CM14-0195842		
Date Assigned:	12/03/2014	Date of Injury:	05/25/2012
Decision Date:	01/20/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/21/2014

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 56 year old female who reports pain in her right hand and shoulder resulting from a work related injury on 05/25/2012. Mechanism of injury is unknown. Patient is diagnosed with the following: myofascial pain syndrome, cervical spondylosis and right carpal tunnel syndrome. Per physicians notes dated 10/13/2014, there is tenderness to palpation around the surgical site in the right hand. Physician indicates that the patient has been attending her acupuncture sessions and has not observed any functional improvements. Patient has been treated with medication, Acupuncture, physical therapy, and surgery. Primary treating physician requested 6 visits which were non-certified by the utilization review. The Utilization Review physician stated that the documentation does not support that the injured worker had objective and functional improvement with treatment to support additional acupuncture. 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:

Six additional sessions of Acupuncture visits for cervical spine and right wrist: 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 physicians notes dated 10/13/2014, there is tenderness to palpation around the surgical site in the right hand. Physician indicates that the patient has been attending her acupuncture sessions and has not observed any functional improvements. 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, additional 6 visits are not medically necessary.