

Case Number:	CM14-0197932		
Date Assigned:	12/12/2014	Date of Injury:	09/24/2012
Decision Date:	01/26/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/25/2014

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 Board Certified in Chiropractor (DC) 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 male who reported neck, right wrist, and right knee pain from injury sustained on 09/24/12 due to cumulative trauma. MRI of the right wrist revealed partial thickness tear at radial attachment of the triangular fibrocartilage. MRI of the lumbar spine revealed multilevel disc protrusion. Patient is diagnosed with sprain/strain of cervical spine, pain joint-forearm, tear of lateral cartilage meniscus- knee, sprain/strain of wrist- unspecified site, shoulder sprain/strain. Patient has been treated with medication and therapy. Per medical notes dated 09/16/14, patient complains of burning, radicular neck pain and muscle spasms, greater on the right side. Pain is rated at 3-7/10. Patient complains of burning right shoulder pain radiating down the arm to the fingers, associated with muscle spasms. Pain is rated at 3-7/10, Patient complains of right wrist pain and muscle spasms. He complains of burning bilateral knee pain and muscle spasms rated at 3-7/10. Patient states that the symptoms persist but the medications do offer him temporary relief of pain and improves his ability to have restful sleep. Per utilization review, patient has not had prior Acupuncture treatment. Provider requested initial trial of 2X4 acupuncture treatments for right wrist, cervical spine and right knee pain 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 twice a week for four weeks for the right wrist, cervical spine, and right knee:
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 utilization review, patient has not had prior Acupuncture treatment. Provider requested initial trial of 2X4 acupuncture treatments for right wrist, cervical spine and right knee pain which was non-certified 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. 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. Furthermore Official Disability Guidelines do not recommend acupuncture for hand/ wrist forearm pain or neck pain. Per guidelines and review of evidence, 8 Acupuncture visits are not medically necessary.