

Case Number:	CM14-0119541		
Date Assigned:	08/06/2014	Date of Injury:	05/05/2014
Decision Date:	09/26/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/28/2014

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 53-year-old female who reported right wrist, right shoulder and right upper extremity pain from injury sustained on 05/05/14 while lifting a child. X-rays of the right wrist were unremarkable. Patient is diagnosed with right wrist sprain/strain and right shoulder sprain/strain. Patient has been treated with acupuncture. Per medical notes dated 05/14/14, patient complains of wrist pain rated at 7/10, shoulder pain rated at 4/10. Patient refuses pain medication or anti-inflammatory medication. Per acupuncture progress notes dated 06/21/14, patient complains of ulnar side of right wrist pain rated at 4-5/10 with rest and 8-9/10 with ulnar flexion. She is experiencing moderate pain over right scapula area and pinched pain on her back. She has been prescribed with pain medication but does not want to take pain pulls and prefers to have acupuncture. Patient reported symptomatic improvement with treatment. Per medical notes dated 06/25/14, patient complains of right wrist pain rated at 4/10 with no numbness or tingling. Provider is requesting additional 8 acupuncture treatments. Per medical notes patient refuses physical therapy. 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 8 Sessions for Right Wrist, Right Shoulder, and Right Upper Back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: According to the MTUS Acupuncture Medical treatment Guidelines on 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." This patient has had prior acupuncture treatment. She has reported symptoms, however there is lack of evidence that prior acupuncture care was of any functional benefit. Patient refuses pain medication and physical therapy. Medical notes did not document any function deficit which would necessitate additional treatment. 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. Furthermore, Official Disability Guidelines do not recommend acupuncture for hand/wrist or forearm pain. 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 8 acupuncture treatments are not medically necessary.