

Case Number:	CM14-0120130		
Date Assigned:	09/16/2014	Date of Injury:	03/09/2014
Decision Date:	10/15/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	07/30/2014

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 Chiropractic, has a subspecialty in 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 23 year old female who reported bilateral wrists, left knee, and right SI joint pain from injury sustained on 03/09/14 after she collided with a co-worker causing her to lose her balance and fall onto left knee. There were no diagnostic imaging reports. Patient is diagnosed with left knee sprain/strain and plica; left wrist sprain/ strain secondary to crutch use and right SI joint sprain. Per medical notes dated 06/13/14, patient complains of left knee pain, left wrist pain and right hip pain. Examination revealed tenderness to palpation over the flexors and tensors of left wrist; tenderness over the right SI joint; and medial joint line, peripatellar region as well as the popliteal fossa of left knee. Per medical notes dated 07/14/14, patient complains of left knee pain with swelling, giving away and locking. Examination revealed tenderness to palpation of the medial joint line, lateral joint line, popliteal fossa and patella. Provider requested initial trial of 6 acupuncture sessions for right SI joint, bilateral wrist and left lower extremity pain, which was modified to 6 acupuncture sessions for right SI joint and bilateral wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Acupuncture Visits for Right Si Joint and Bilateral Wrists, Left Lower Extremity:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation The Medical Disability Advisor; Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 13 Knee Complaints Page(s): 265; 339, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Disability Guidelines (ODG) (Hand/Wrist and Forearm) (Acupuncture).

Decision rationale: Per MTUS-Acupuncture Medical treatment Guidelines "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 not had prior Acupuncture treatment. Per guidelines 3-6 treatments are supported for initial course of Acupuncture with evidence of functional improvement prior to consideration of additional care. Provider requested initial trial of 6 acupuncture sessions for right SI joint, bilateral wrist and left lower extremity pain, which was modified to 6 acupuncture sessions for right SI joint and bilateral wrists. Per ACOEM guidelines chapter 11, page 265- "most invasive techniques such as needle acupuncture have insufficient high quality evidence to support their use". Per Official Disability guidelines, acupuncture is not recommended for hand/wrist and forearm pain. Per guidelines and review of evidence, 6 Acupuncture visits for right SI, bilateral wrists and left lower extremity are not medically necessary.