

Case Number:	CM14-0126943		
Date Assigned:	09/29/2014	Date of Injury:	01/20/2010
Decision Date:	10/27/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/11/2014

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 Acupuncture and is licensed to practice in Florida. 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 patient is a 61-year-old-male who sustained an industrial injury on 1/20/10. The mechanism of the injury is unknown. The documentation suggests the patient is suffering from cervical pain and bilateral upper extremity pain. The diagnoses are: bilateral shoulder arthropathy, post-op bilateral carpal tunnel release/post-op bilateral ulnar transposition, left elbow contracture, residual bilateral carpal tunnel syndrome, bilateral upper extremity overuse syndrome/bilateral elbow contracture, and cervical spondylosis. The patient has been prescribed Celebrex. The documentation provided suggests that the patient had received acupuncture treatments in the past; however, it is unclear how many treatments and the functional outcome of these treatments. After reviewing the documentation provided, the records fail to demonstrate any clinical evidence of functional improvement with the prior course of acupuncture treatment provided. The medical necessity for the requested 12 acupuncture sessions for the left knee has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 ADDITIONAL ACUPUNCTURE SESSIONS (TO BE PERFORMED IN HOUSE):

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient is a 61-year-old male who sustained an industrial injury to his cervical spine and upper extremities on 1/20/10. The mechanism of the injury was not provided. The documentation suggests that the patient has had previous acupuncture treatments, however, the duration or functional outcome is unknown. The records indicate the patient is on medication to control his symptoms. As per CA MTUS Acupuncture Medical Treatment Guidelines (9792.24.1) Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to expedite functional recovery. Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20 CA MTUS Acupuncture Guidelines requires clinical evidence of functional improvement for additional care to be considered. CA Acupuncture guidelines cited, 9792.24.1 states that the time to produce significant improvement is 3-6 treatments. It also states that acupuncture may be extended if functional improvement is documented including significant improvement in activities of daily living, reduction of work restriction, and reduction of dependency on continued medical treatment. The current documentation does not provide information that the patient received any benefit from the previous acupuncture sessions, and the objective findings from the provider are unknown. Therefore, the request for the additional acupuncture treatments (in house) would not be medically necessary.