

Case Number:	CM14-0127380		
Date Assigned:	09/16/2014	Date of Injury:	06/26/2010
Decision Date:	10/16/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/12/2014

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 a licensed Chiropractor and Acupuncturist 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 52 year old female who reported bilateral wrist and shoulder pain from injury sustained on 06/26/10. Mechanism of injury was not documented in the provided medical records. EMG revealed moderate right carpal tunnel syndrome. Patient is diagnosed with cervical spine sprain/strain with 2-3mm disc protrusion with stenosis; 1mm disc bulge at C3-4 and facet osteoarthritis at C3-C7; bilateral shoulder sprain/strain, bursitis and tendinitis; bilateral wrist tendinitis and moderate carpal tunnel syndrome. Per medical notes dated 07/01/14, patient complains of bilateral wrist pain and bilateral shoulder pain with discomfort due to a flare-up. She went back to work without modifications. Per acupuncture progress notes dated 07/10/14, patient complains of shoulder pain which was rated at 6/10 before the treatment and 6/10 after treatment; she also complains of right wrist pain which was 4.5 before and 6/10 after treatment. Medical notes report recent increase in pain. However, there is limited documentation of a specific aggravation or exacerbating event that has led to a significant decline in the patient's function or impairment of objective measures. Per medical notes dated 08/07/14, patient is noting improvement with acupuncture with functional improvement in ADLs. Provider is requesting additional 6 acupuncture sessions. 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:

6 Sessions of Acupuncture with Infra Lamp/Medical Supply/Kinesio Tape: 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 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". Patient has had prior acupuncture treatment. Per acupuncture progress notes dated 07/10/14, her shoulder pain remained the same and the wrist pain increased from 4.5 to 6/10. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical records discuss functional improvement but not in a specific and verifiable manner consistent with the definition of functional improvement as stated in guidelines. 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. California MTUS Chronic Pain treatment guidelines do not address infrared therapy other national guidelines such as ODG do not recommend infrared. The treating physician has not offered an evidence-based medical justification that supports this treatment request. Per review of evidence and guidelines, additional 6 acupuncture treatments with infrared heat/ medical supply and Kinesio taping are not medically necessary.