

Case Number:	CM14-0138516		
Date Assigned:	09/05/2014	Date of Injury:	03/28/2006
Decision Date:	10/15/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/27/2014

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 Orthopedic Surgery, 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:

This 58-year-old female sustained an industrial injury on 3/28/06. The mechanism of injury was not documented. The patient was status post carpal tunnel release in July 2009 and first dorsal compartment release on 9/11/09. The 7/15/14 orthopedic progress report cited constant moderate to severe bilateral shoulder, neck, left ankle, and bilateral wrist pain. A flare-up of left thumb pain was reported with difficulty in grasping/gripping objects. She occasionally dropped things due to weakness. The patient reported a seizure 3 weeks prior but did not seek medical attention. There was tenderness to palpation over the left thumb and tenderness over the extensor pollicis longus tendon and metocarpophalangeal joint. Thumb extension lacked 10 degrees. A left thumb platelet-rich plasma injection under fluoroscopy and anesthesia was requested. Medications were refilled. The 7/29/14 treating physician report cited neck pain and moderate to severe bilateral shoulder, left ankle and bilateral wrist pain. Cervical spine exam documented pain and tightness over the trapezius and cervical paraspinal musculature. Range of motion was limited to flexion 30, extension 25, right rotation 35, left rotation 40, right lateral flexion 15, and left lateral flexion 10 degrees. The treatment plan recommended acupuncture for the cervical spine. The 8/6/04 utilization review denied the request for platelet-rich plasma injection as not supported by guidelines. Acupuncture for 6 visits was certified for a trial as neck pain persisted despite time and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture; six (6) visits (2 times a week for 3 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist and Hand Chapter, Elbow Chapter

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS acupuncture guidelines indicate that acupuncture may be used as an option when pain medication is reduced or not tolerated, and it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Guidelines state that 3 to 6 treatments allow time to produce functional improvement. Acupuncture treatments may be extended if functional improvement is documented as defined in the guidelines. The 8/6/14 utilization review certified a request for 6 visits of acupuncture to allow for a trial. There is no compelling reason to support the medical necessity of additional treatment in the absence of documented functional improvement. Therefore, this request is not medically necessary.