

Case Number:	CM14-0150899		
Date Assigned:	09/19/2014	Date of Injury:	09/26/2005
Decision Date:	12/19/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/16/2014

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 Internal Medicine 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 is a 55 year old male who sustained a work related injury on 09/26/2003 when he tripped on a low hanging chain in the dark. He fell face down and his body landed on his left hand fracturing his left 5th finger. Medical history includes:- Diabetes- Stroke with admission to rehab Past surgical history includes:- Bilateral shoulder surgery- Bilateral elbow surgery- Bilateral hand surgery- Bilateral knee surgery- Left foot surgery Visit note dated 08/19/2014 describes the injured worker as having a normal gait without any assistive devices for balance an ambulation. Tenderness to palpation and pain with range of motion of the cervical spine was noted. There was positive tenderness to palpation to bilateral shoulders and decreased range of motion. The provider notes the injured worker has tried electro-acupuncture treatments previously with benefit. Other treatments include medication, TENS unit, ice and heat for pain control. On August 19, 2014 the provider requested 6 sessions of electro-acupuncture treatments. On September 3, 2014 utilization deemed the request non-certified citing the injured worker had previously completed approximately 8 sessions of acupuncture with no documentation of functional improvement defined by evidence based guidelines. Guidelines cited were Acupuncture Medical treatment Guidelines - Medical Treatment Utilization Schedule.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Electro-Acupuncture Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Acupuncture

Decision rationale: Pursuant to the Official Disability Guidelines, six electro acupuncture sessions are not medically necessary. The guidelines recommend acupuncture as an option for some conditions using a short course in conjunction with other interventions. There should be an initial trial of 3 to 4 visits over two weeks with evidence of reduced pain, medication use and objective functional improvement. Total up to 8 to 12 visits over 4 to 6 weeks may be indicated. In this case, the progress of June 3, 2014 indicates the injured worker tried numerous treatments including therapy, electrical acupuncture treatment, chiropractic treatment, physical therapy treatment and shoulder surgery and despite these treatment efforts is still in pain, discomfort and has a chronic pain condition and he is not a surgical candidate. Based on the prior electro acupuncture sessions the injured worker had no objective functional improvement. The injured worker underwent approximately 8 sessions and there was documentation of no improvement. The injured worker admits to subjective improvement of 75%. The injured worker's diagnoses are repetitive strain injury, myofascial pain syndrome, ulnar neuropathy and bilateral shoulder rotator cuff injuries. Consequently, based on the poor response to prior electro acupuncture (8 sessions) with no objective functional improvement or evidence of reduced pain, additional electro acupuncture (8 sessions) is not medically necessary.