

Case Number:	CM14-0160923		
Date Assigned:	10/06/2014	Date of Injury:	08/10/2011
Decision Date:	10/30/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	09/30/2014

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 Occupational 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:

According to the records made available for review, this is a 50-year-old female with an 8/10/11 date of injury. At the time (9/25/14) of the Decision for Acupuncture 2xwk X 4wks for Cervical, Thoracic, Bilateral Shoulders Bilateral Wrists, Bilateral Hands, Bilateral Knees, Bilateral Ankles, Bilateral Feet, Bilateral Elbows, Bilateral Hips and Lumbar Spine, there is documentation of subjective (cervical, thoracic, and lumbar spine pain, bilateral shoulder pain and bilateral knee pain, also pain in the bilateral wrist and hand, bilateral elbow, bilateral hips, and bilateral ankles and feet) and objective (tenderness on bilateral knees, decreased range of motion on bilateral knees with atrophy and positive McMurray, antalgic gait) findings, current diagnoses (sprain shoulder or arm, sprain of knee and leg, sprain of neck, sprain lumbar region, wrist sprain, bilateral carpal tunnel syndrome, and ankle sprain), and treatment to date (acupuncture). The number of acupuncture sessions completed to date cannot be determined. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of acupuncture treatments to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2xwk X 4wks for Cervical, Thoracic, Bilateral Shoulders Bilateral Wrists, Bilateral Hands, Bilateral Knees, Bilateral Ankles, Bilateral Feet, Bilateral Elbows, Bilateral Hips and Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Acupuncture Medical Treatment Guidelines identifies that acupuncture may be 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 hasten functional recovery, 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. In addition, MTUS Acupuncture Medical Treatment Guidelines allow the use of acupuncture for musculoskeletal conditions for a frequency and duration of treatment as follows: Time to produce functional improvement of 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. Within the medical information available for review, there is documentation of diagnoses of sprain shoulder or arm, sprain of knee and leg, sprain of neck, sprain lumbar region, wrist sprain, bilateral carpal tunnel syndrome, and ankle sprain. In addition, there is documentation of treatment with acupuncture. However, there is no documentation of the number of acupuncture sessions completed to date cannot be determined. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of acupuncture treatments to date. Therefore, based on guidelines and a review of the evidence, the request for Acupuncture 2xwk X 4wks for Cervical, Thoracic, Bilateral Shoulders Bilateral Wrists, Bilateral Hands, Bilateral Knees, Bilateral Ankles, Bilateral Feet, Bilateral Elbows, Bilateral Hips and Lumbar Spine is not medically necessary.