

Case Number:	CM14-0161889		
Date Assigned:	10/07/2014	Date of Injury:	04/21/2014
Decision Date:	11/04/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/02/2014

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 Chiropractic, has a subspecialty in Acupuncture 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 44 year old female who reported low back, mid back, hip, left hand and left shoulder pain from injury sustained on 04/21/14 due to impact injury with the door. MRI of the lumbar spine revealed straightening of the lumbar spine, spinal canal and neural foramina are patent at all lumbar spine levels. MRI of the left wrist revealed dorsal intercalated segment instability, ganglion cyst at the volar aspect of ulnar proximal to pisiform bone, volar aspect of radiocarpal joint and dorsal aspect of capitates; subchondral cyst/erosion at capitates and head of 3rd metacarpal. Patient is diagnosed with sprain of shoulder/arm, left hand crush injury, left upper extremity neuropathy, left shoulder sprain/strain, clinical impingement, lumbar spine sprain/strain with myospasm. Patient has been treated with medication, physical therapy, chiropractic and acupuncture. Per medical notes dated 07/01/14, patient complains of on and off shoulder pain rated at 4/10 which radiates to the upper back. There is numbness and tingling sensation. Patient complains of left hand pain which is on and off rated at 4/10, there is numbness and tingling. Pain increases when grabbing and grasping and decreases with medication. Patient complains of low back that radiates through the entire back. There is numbness, tingling and burning sensation in the legs. Per medical notes dated 08/11/14, patient complains of on and off left shoulder pain and left hand rated as mild to occasionally moderate. Patient complains of constant low back pain which is mild to occasionally moderate. Per medical notes dated 08/11/14, patient states that physical therapy and acupuncture helps decrease her pain temporarily, she is able to do more activities.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 ACUPUNCTURE SESSIONS FOR THE LEFT HAND: 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 Hand/wrist and forearm pain, Acupuncture

Decision rationale: Per MTUS- Section 9792.24.1 Acupuncture Medical treatment Guidelines page 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 medical notes dated 08/11/14, patient states that physical therapy and acupuncture helps decrease her pain temporarily, she is able to do more activities. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. 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. Requested visits exceed the quantity supported by cited guidelines. Furthermore Official Disability Guidelines do not recommend acupuncture for hand pain. Per review of evidence and guidelines, 12 acupuncture treatments are not medically necessary.