

Case Number:	CM14-0168565		
Date Assigned:	10/16/2014	Date of Injury:	01/05/2014
Decision Date:	12/17/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/13/2014

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, 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 48 year old female who reported low back, neck, shoulder, elbow, wrist, and knee pain from injury sustained on 01/15/14 after her foot got tangled in the linen and she fell down about 15 steps. Magnetic resonance imaging (MRI) of the left shoulder revealed rotator cuff tendinitis. MRI of the elbow is unremarkable. MRI of right elbow was unremarkable. MRI of left knee revealed lateral patella osteoarthritis and lateral meniscus cyst. Patient is diagnosed with headaches, cervicgia, cervical disc displacement, bilateral shoulder pain, rule out radiculopathy of cervical and lumbar region, bilateral elbow and wrist pain rule out derangement, low back pain, intervertebral disc displacement lumbar region, pain in bilateral knee derangement, pain in right ankle and joint, mood disorder, and anxiety disorder. Patient has been treated with medication, physical therapy and acupuncture. Per acupuncture progress notes dated 06/24/14, patient complains of low back pain, knee, shoulder, wrist, elbow pain rated at 8/10. Pain is improved temporarily for about 2 days. Per medical notes dated 09/10/14, patient complains of burning, radicular neck pain which is constant, moderate to severe rated at 7/10. Patient complains of burning bilateral shoulder pain radiating down the arms to the finger. Pain in right elbow rated at 6/10 and left elbow pain 7/10, bilateral wrist pain rated at 6/10. Patient complains of burning low back, knee and ankle pain rated at 8/10. Examination revealed tenderness to palpation of the injured body parts. Provider requested additional 8 acupuncture sessions for neck, bilateral wrists and right knee. 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times per week for 4 weeks (cervical spine, bilateral wrist, right knee):

Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per California Medical Treatment Utilization Schedule (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 acupuncture progress notes dated 06/24/14, patient complains of low back pain, knee, shoulder, wrist, elbow pain rated at 8/10. Pain is improved temporarily for about 2 days. 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. Furthermore Official Disability Guidelines do not recommend acupuncture for neck or wrist pain. Per review of evidence and guidelines, 8 acupuncture treatments are not medically necessary.