

Case Number:	CM14-0194649		
Date Assigned:	12/02/2014	Date of Injury:	05/20/2011
Decision Date:	01/16/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/20/2014

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 Chiropractic and 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 62 year old female who reported right ankle, bilateral knees, bilateral palms, back and neck pain from injury sustained on 05/20/11 due to fall. Patient is diagnosed with carpal tunnel syndrome; joint pain; sprain; lumbago; lumbar/ lumbosacral disc degeneration; lumbosacral spondylosis; lumbosacral neuritis; sprain of neck; sprain of lumbar region; tenosynovitis hand/ wrist; joint pain-ankle. Patient has been treated with medication, physical therapy and acupuncture. Per medical notes dated 10/09/14, patient complains of bilateral hands/wrists, cervical spine, thoracic-lumbar spine, bilateral knee. She reports headaches and wakes up in the middle of the night with her hands numb. She returns with no changes in progress since the last visit, has pain with weakness and stiffness; has tenderness of her musculoskeletal system. Provider requested additional 2 times 6 acupuncture treatments which were non-certified by the utilization review. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture two times a week for six weeks for the right ankle, both knees, both palms, back and neck: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per MTUS guidelines "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". According to utilization review, patient has had prior acupuncture treatment. The number of visits administered was not documented and the outcome of prior treatment was also not documented. Per medical notes dated 10/09/14, patient complains of bilateral hand/wrist, bilateral knee, right ankle, neck and low back pain. Provider requested additional 2 times 6 acupuncture treatments for right ankle, bilateral knee, bilateral palms, back and neck pain which was non-certified by the utilization review. 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. 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. Per review of evidence and guidelines, 2 times 6 acupuncture treatments are not medically necessary.