

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Acupuncture & Chiropractic, 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 physician 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.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Claimant is a 64 year old male who was involved in a work related injury on 3/1/2012. He was diagnosed with a medial meniscal tear of the right knee, partial tear of the left shoulder rotator cuff, and had right knee arthroscopy in 2012. The claimant has constant moderate pain in the wrists and hands, sharp pain in the left shoulder and sharp pain in the right knee. His aggravating activities are lifting, grasping, gripping, pushing, pulling, lifting the left arm, and walking and prolonged sitting. The diagnoses are carpal tunnel syndrome, wrist and left shoulder and right knee bursitis, tear of TFCC/medial meniscus and rotator cuff. The patient has had prior treatment of oral medication, physical therapy, and acupuncture. On a PR-2 dated 6/5/2013, the PTP documents that there has been functional improvement from increase of range of motion of shoulder from 140-150, left shoulder adduction from 30-35, and decrease of visual analog scale from 3.5 to 3.0. It also documents that the claimant's work restrictions were no repetitive gripping or grasping and no lifting, pushing, or pulling greater than 10 lbs. He also request further acupuncture treatments on this date. The PR-2 on 7/31/2013 documents that VAS has decreased from 3.0 to 2.5 and completed 15 acupuncture therapy sessions to date. There is no change in work restriction or change of ADLs. It is unclear whether the claimant had acupuncture from 6/5/2013 to 7/31/2013 or when the 15 acupuncture sessions were rendered.

IMR DECISION(S) AND RATIONALE(S)

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

1. Acupuncture, 1 or more needles, with electrical stimulation, initial 15 minutes of personal one-on-one contract with the patient setting: outpatient is not medically necessary and appropriate.

The Claims Administrator based its decision on the Acupuncture Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Acupuncture Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer's decision rationale:

According to evidence based guidelines, further acupuncture after an initial trial is medically necessary based on demonstrated functional improvement. Functional improvement is defined as either a clinically significant improvement in activities of daily living or a reduction in work restrictions. It is unclear how many total acupuncture visits have been rendered or of specific functional gains regarding acupuncture treatment. The PTP has documented a reduction of VAS and improvement of ROM in the PR-2s mentioned in the summary. It is not clear that those improvement are related to acupuncture treatment since there are no notes on dates and treatment rendered by the acupuncturist. In addition, those factors do not contribute to the definition of functional improvement. There was no reduction of work restrictions or any mention of improvement of activities of daily living. Further documentation and specification of functional improvement related to acupuncture should be submitted to justify medical necessity. From the notes submitted, six further visits of acupuncture are not medically necessary.

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CM13-0006009