

Case Number:	CM14-0149776		
Date Assigned:	09/18/2014	Date of Injury:	09/30/2012
Decision Date:	10/22/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/15/2014

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 Chiropractor 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 66 year old male who reported back, knee, neck, shoulder and arm pain from injury sustained on 09/30/12 due to cumulative trauma of repetitive car washing. MRI of the left knee revealed grade 1 medial collateral ligament sprain, myxoid degeneration in body and both horns of lateral meniscus and varicose veins. MRI of the right shoulder revealed tendinopathy of the anterior fibers of the distal supraspinatus tendon without focal tear; infrasubstance tendon without focal tear; infrasubstance partial-thickness of subscapularis tendon; small amount of subcoracoid fluid; possible tendinopathy of the intra-articular biceps tendon and significant degenerative changes at acromioclavicular joint. Patient is diagnosed with sprain of cervical, thoracic and lumbar spine; disc displacement of cervical, lumbar and thoracic spine; cervicalgia; sprain of joint-shoulder; wrist sprain/strain and knee sprain/strain. Patient has been treated with medication, chiropractic, subacromial injection, physical therapy and acupuncture. Per medical notes dated 10/03/13, patient attended acupuncture with slight relief of pain. Per medical notes dated 05/19/14, patient complains of neck pain radiating into the neck and down to the elbows with stiffness and tension. Per medical notes dated 07/11/14, patient complains of constant cervical spine, thoracic spine, bilateral shoulder, bilateral elbow, bilateral hand/wrist pain; all rated at 5/10. Examination revealed tenderness to palpation. Provider is requesting additional 2X4 acupuncture sessions. Patient hasn't had any long term symptomatic or functional relief with acupuncture care. 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:

Outpatient Acupuncture 2 times a week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

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. Provider is requesting additional 2X4 acupuncture sessions. There is lack of evidence that prior acupuncture care was of any sustained functional benefit. 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. There is no documentation afforded for review that establishes a clear, updated clinical status of the patient with current objective finding, functional deficits and the benefits obtained with acupuncture already approved/rendered that would substantiate a medical indication for additional care. 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. Per review of evidence and guidelines, 2x4 acupuncture treatments are not medically necessary.