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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Apr/12/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

ACCUPUNCTURE TREATMENT 1 X WEEK FOR 6 MONTHS TO INCLUDE 97813, 97814, 97140, 97110

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

MD, Board Certified in Physical Medicine and Rehabilitation

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

xxxxx Determinations, 1/28/10, 3/15/10

3/1/10

xxxxx 1/11/10, 9/30/09

xxxxx Progress Note 1/14/2010

10/6/09

PATIENT CLINICAL HISTORY SUMMARY

The letter from the patient in this case states that she attributes her CTS from her keyboard activity. To the best of my knowledge, this is no longer felt to be a contributing factor to the development of CTS. She reports using acupuncture in 1996 for her CTS. She reports increased symptoms with increased work.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION

While this patient's prior treatment with acupuncture may have provided symptomatic relief, there is no justification per the ODG for the medical necessity for the use of acupuncture for its treatment. The letter of medical necessity does not meet the requirements for evidence based medicine.

The manual therapy and therapeutic exercises would be permitted by ODG only for up to 3 visits, and not the 6 months requested. The ODG does not approve Acupuncture for CTS. The reviewer finds that medical necessity does not exist for ACCUPUNCTURE TREATMENT

1 X WEEK FOR 6 MONTHS TO INCLUDE 97813, 97814, 97140, 97110.

Acupuncture

Not recommended. Rarely used and recent systematic reviews do not recommend acupuncture when compared to placebo or control. (Gerritsen, 2002) (O'Conner-Cochrane, 2003) (Goodyear-Smith, 2004) For an overview of acupuncture and other conditions in which this modality is recommended see the Pain Chapter.

Acupuncture

Recommended as an option as indicated below (also see specific body-part chapters), as an option for some conditions using a short course in conjunction with other interventions. Acupuncture is a passive modality of treatment that is traditionally defined as the insertion of needles (1 cm to 10 cm) at specific points of treatment called acupuncture points. (Airaksinen, 2006) Alternative methods include the use of moxibustion (burning *Artemisia vulgaris* over the acupuncture site), electroacupuncture, cupping (vacuum force is applied over the site), and acupressure. Dry needling is a technique in which a needle (which can be an acupuncture needle) is inserted into a myofascial trigger point. No particular acupuncture procedure has been found to be more effective than another, and the mode of action is not completely understood. Randomized controlled trials are difficult to perform as minimal acupuncture (superficial needling) has been found to trigger similar results to actual acupuncture when the former was used as a sham treatment. (Ezzo, 2000) (Cherkin-Cochrane, 2002) (Han, 2004) (Casimiro, 2005) (Brinkhaus, 2006) (Melchart, 2005) (Linde-JAMA, 2005) (Haake, 2007) In addition, there may be a tendency for patient expectations to influence the outcome independently of the treatment itself. (Kalauokalani, 2001) Reviews using data published prior to 2003 have concluded that there is limited evidence that acupuncture is more effective than no treatment for chronic pain, and inconclusive that it was more effective than placebo, sham treatment or standard care. (Ezzo, 2000) (Airaksinen, 2006) Specific indications for treatment of pain include treatment of joint pain, joint stiffness, soft tissue pain and inflammation, paresthesias, post-surgical pain relief, muscle spasm and scar tissue pain. Not recommended for CRPS. (Colorado, 2003) A recent meta-analysis concluded that a small analgesic effect of acupuncture was found, which seems to lack clinical relevance and cannot be clearly distinguished from bias. Whether needling at acupuncture points, or at any site, reduces pain independently of the psychological impact of the treatment ritual is unclear. (Madsen, 2009) This passive intervention should be an adjunct to active rehab efforts. See also specific body-part chapters below

Low back: Not recommended for acute low back pain, but recommended as an option for chronic low back pain using a short course of treatment in conjunction with other active interventions

Head: Recommended for headaches, with better effect found for the treatment of migraine than tension headaches

Knee: Recommended for osteoarthritis

Hip: Recommended for osteoarthritis

Elbow: Recommended for lateral epicondyle pain

Neck and upper back: Under study for upper back, but not recommended for neck pain

Shoulder: Recommended as an option for rotator cuff tendinitis

Carpal tunnel syndrome: Not recommended

ODG Acupuncture Guidelines

Initial trial of 3-4 visits over 2 week

With evidence of reduced pain, medication use and objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.)

Physical medicine treatment

Recommended as indicated below. There is limited evidence demonstrating the effectiveness of PT or OT for CTS. The evidence may justify one pre-surgical visit for education and a home management program, or 3 to 5 visits over 4 weeks after surgery, up to the maximums shown below. Benefits need to be documented after the first week, and prolonged therapy visits are not supported. Carpal tunnel syndrome should not result in extended time off work while undergoing multiple physical therapy visits, when other options (including surgery for carefully selected patients) could result in faster return to work. Furthermore, carpal tunnel release surgery is an effective operation that also should not require extended multiple physical therapy office visits for recovery. Of course, these statements do not apply to cases of failed surgery and/or misdiagnosis (e.g., CRPS I instead of CTS). (Feuerstein, 1999) (O'Conner-Cochrane, 2003) (Verhagen-Cochrane, 2004) (APTA, 2006) (Bilic, 2006) Post surgery a home physical therapy program is superior to extended splinting. (Cook, 1995) This RCT concluded that there was no benefit in a 2-week course of hand therapy after carpal tunnel release using a short incision, and the cost of supervised therapy for an uncomplicated carpal tunnel release seems unjustified. (Pomerance, 2007) Continued visits should be contingent on documentation of objective improvement, i.e., VAS improvement greater than four, and long-term resolution of symptoms. Therapy should include education in a home program, work discussion and suggestions for modifications, lifestyle changes, and setting realistic expectations. Passive modalities, such as heat, iontophoresis, phonophoresis, ultrasound and electrical stimulation, should be minimized in favor of active treatments. See also more specific physical therapy modalities

ODG Physical Medicine Guidelines –

Allow for fading of treatment frequency, plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface

Carpal tunnel syndrome (ICD9 354.0)

Medical treatment: 1-3 visits over 3-5 weeks

Post-surgical treatment (endoscopic): 3-8 visits over 3-5 weeks

Post-surgical treatment (open): 3-8 visits over 3-5 weeks

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH

ACCEPTED MEDICAL STANDARDS

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

TEXAS TACADA GUIDELINES

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)