

Case Number:	CM13-0005110		
Date Assigned:	12/13/2013	Date of Injury:	04/05/2013
Decision Date:	01/31/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	07/31/2013

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 Chiropractic, 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 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. 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 patient is a female with a date of injury of 04/05/2013. According to the progress report dated 8/26/2013, the patient complained of pain that radiates proximally up the elbow and more recently to the right shoulder. The patient has elbow pain and right shoulder pain at work. The patient has been doing home exercises on her own including stretching. Significant objective findings included good range of motion in the neck without pain or tenderness. The patient has good range of motion of both shoulders without pain or tenderness. There was tenderness over the bilateral lateral and medial epicondyle of the right. There were positive provocative signs for lateral epicondylitis, of the right elbow. The patient also had full range of motion of both wrists without tenderness. X-rays dated 4/09/2013 revealed foramina narrowing at C3-C4, C4-C5, and C5-C6 on both the left and right sides. X-rays of both elbow obtained on 04/09/13 revealed no evidence of any arthritic changes and there were no signs of any soft tissue calcification bilaterally. There were no fracture, subluxation, or dislocation. X-rays of bilateral wrist dated 4/09/2013 revealed no fracture, subluxation, dislocation bilaterally. She has ulnar minus variance bilaterally. There are no signs of any carpal instability patterns bilaterally. The patient was diagnosed with bilateral carpal tunnel syndrome, bilateral wrist tendinitis with sprain/strain, bilateral elbow lateral epicondylitis, right worse than left, and cervical spondylosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture Treatment X8; in House; Rx Dated 7/1/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines recommend acupuncture for chronic pain. It states that acupuncture may be extended if functional improvement is documented as defined in section 9792.20(f). The provider stated that acupuncture clearly reduced her symptoms significantly and hoping to avoid surgery. There was no documentation of objective functional improvement through acupuncture treatments. In addition, according to progress report dated 11/19/2013, the patient wishes to proceed ahead with carpal tunnel release surgery. Based on the above discussion, the provider's request for 8 additional acupuncture treatments is not medically necessary.