

Case Number:	CM13-0043611		
Date Assigned:	12/27/2013	Date of Injury:	06/03/2008
Decision Date:	02/26/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	10/25/2013

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 Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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:

This is a 33-year-old female, injury date of 06/03/2008. This patient presents with diagnoses of right upper extremity multifocal myalgia and right clinical radial tunnel syndrome per report by [REDACTED] on 03/15/2013. The request is for 12 acupuncture sessions. Presenting symptoms per the report from 09/27/2013 are right elbow pain on medial and lateral border with tingling, numbness, paresthesia of right upper extremity at intensity of 5/10 to 6/10. This report indicates that the patient does not want to take any oral medications and that she experiences a 70% to 80% pain relief with TENS unit and would like to get acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture (12 sessions): Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This patient presents with chronic right upper extremity pain with presenting diagnoses of right lateral and medial epicondylitis and chronic myofascial pain syndrome per the treating physician's report 09/27/2013. Review of the reports from 03/15/2013 to 10/25/2013

shows that the initial acupuncture request was generated by [REDACTED] from 09/27/2013. When [REDACTED] initially evaluated the patient on 08/29/2013, he provided a history that the patient has had 4 plus 6 sessions of acupuncture treatments likely sometime around 2008 and 2 years thereafter. There are reports of 20 sessions of physical therapy being provided early on in the injury. Review of the report by [REDACTED] 03/15/2013 confirms that the patient has had initial acupuncture treatments, that the patient responds well to acupuncture, and that she has been self-procuring acupuncture treatments. [REDACTED] indicated that this patient is working full time, is not taking any medications, and that acupuncture treatments have been beneficial in the past. Acupuncture treatments are supported by MTUS Guidelines for management of chronic pain, including the elbow and upper extremity. The guidelines allow additional treatments if functional improvement is documented. The guidelines allow up to 2 to 3 sessions per week for 1 to 2 months. The current request for 12 sessions is within the allowed number of treatments. The treating physician's request for 12 sessions appears medically reasonable given the patient's favorable response and current functional status of working full time. Therefore, the requested acupuncture is medically necessary and appropriate.

Polar Frost: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines Page(s): 111. Decision based on Non-MTUS Citation Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: This patient presents with chronic right upper extremity pain with a diagnoses of lateral and medial epicondylitis and myofascial pain. The treating physician prescribed Polar Frost on 09/27/2013. Polar Frost is a pain-relieving cold gel. This gel has active ingredients of menthol and aloe vera. While menthol is discussed in the MTUS Guidelines as one of the ingredients that can be used in topical formulation for pain, aloe vera is not mentioned. Since one of the components is not mentioned in any of the guidelines, Polar Frost compound cannot be recommended for use. Therefore, the requested Polar Frost is not medically necessary or appropriate.