

Case Number:	CM13-0043906		
Date Assigned:	12/27/2013	Date of Injury:	08/03/2009
Decision Date:	04/18/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/31/2013

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 Physical Medicine & Rehabilitation 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:

This female sustained an injury on 8/3/09 while employed by the [REDACTED]. Request under consideration include acupuncture 3 times per week for 4 weeks for the right elbow and right wrist. MRI of the cervical spine of 10/11/11 showed disc protrusion at C5-6 compressing C5 nerve root on right; electromyography/nerve conduction velocity (EMG/NCV) of 6/22/11 showed mild cubital tunnel syndrome (CTS) and right cubital tunnel syndrome. Review indicated the patient has received prior acupuncture between November 2012 and February 2013 with some improvement. Report of 9/27/13 from the provider had diagnoses of cervical sprain/strain with herniated nucleus pulposus (HNP) with radiculopathy; left CTS and right cubital tunnel syndrome. The patient is complaining of frequent moderate neck, shoulders and hands pain. Treatment plan noted continuation of medications, home exercise program and trial of acupuncture. The request above for acupuncture was modified from 12 to 6 sessions citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 3 X WK X 4 WKS RT ELBOW & RT WRIST: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This female sustained an injury on 8/3/09 while employed by the [REDACTED]. Request under consideration include acupuncture 3 times per week for 4 weeks to the right elbow and right wrist. MRI of the cervical spine of 10/11/11 showed disc protrusion at C5-6 compressing C5 nerve root on right; electromyography/nerve conduction velocity (EMG/NCV) of 6/22/11 showed mild cubital tunnel syndrome (CTS) and right cubital tunnel syndrome. Review indicated the patient has received prior acupuncture between November 2012 and February 2013 with some improvement. Report of 9/27/13 from the provider had diagnoses of cervical sprain/strain with herniated nucleus pulposus (HNP) with radiculopathy; left CTS and right cubital tunnel syndrome. The patient is complaining of frequent moderate neck, shoulders and hands pain. Treatment plan noted continuation of medications, home exercise program and trial of acupuncture. The request above for acupuncture was modified from 12 to 6 sessions citing guidelines criteria and lack of medical necessity. MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. Review indicated the patient has received at least 12 prior sessions of acupuncture with most recent 6 sessions for this 2009 injury; however, submitted reports have not clearly demonstrated any functional benefit or pain relief derived from prior treatment and have not demonstrated medical indication to support for additional acupuncture sessions. There are no specific objective changes in clinical findings, no report of acute flare-up or new injuries, nor is there any decrease in medication usage from conservative treatments already rendered. The acupuncture 3 times per week for 4 weeks to the right elbow and right wrist is not medically necessary and appropriate.