

Case Number:	CM13-0044981		
Date Assigned:	12/27/2013	Date of Injury:	05/24/2011
Decision Date:	03/14/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	10/30/2013

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, has a subspecialty in Pain Management 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 female patient with a date of injury of 5/24/11. A utilization review determination dated 10/28/13 recommends modification of retrospective acupuncture x 22 visits to 6 visits and modification of retrospective massage therapy x 16 to 6 visits. A QME report dated 11/26/12 identifies subjective complaints including 4-10/10 pain at the medial aspect of the left elbow, constant numbness in the left forearm, 4-10/10 left wrist pain, and less than intermittent numbness and tingling involving the third, fourth, and fifth fingers of the left hand. The objective examination findings identify left elbow tenderness. The diagnoses include chronic pain, left elbow and left wrist, s/p anterior transposition of the ulnar nerve at the left elbow and decompression of the ulnar nerve in Guyon's canal at the left wrist; resolving lymphedema, LUE; s/p MVA and subsequent decompressions and fusions at C5-6 and C6-7; history of cutaneous T-cell lymphoma/mycosis fungoides. Future medical care includes OTC medication, PT, anti-inflammatory medication, local cortisone injections, temporary use of a wrist splint, and/or temporary use of a compressive sleeve in the case of flare-ups.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 22 acupuncture visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Regarding the request for retrospective acupuncture x 22 visits from October 2011 to August 2012, California MTUS does support the use of acupuncture for chronic pain, with additional use supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions... and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, there is no documentation of functional improvement with the initial 6 sessions as defined by the California MTUS. In light of the above issues, the currently requested retrospective acupuncture x 22 visits from October 2011 to August 2012 is not medically necessary.

Retrospective request for 16 massage therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

Decision rationale: Regarding the request for retrospective massage therapy 16 visits from March 2012 to June 2013, California MTUS Chronic Pain Medical Treatment Guidelines state the massage therapy is recommended as an option. They go on to state the treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4 to 6 visits in most cases. Within the documentation available for review, there is no documentation that massage was utilized as adjunctive treatment to other recommended treatment. In light of the above issues, the currently requested retrospective massage therapy 16 visits from March 2012 to June 2013 is not medically necessary.