

Case Number:	CM14-0002139		
Date Assigned:	01/24/2014	Date of Injury:	10/01/2011
Decision Date:	06/11/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/07/2014

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 and Rehabilitation, 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 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:

The patient is a 60-year-old female with a date of injury of 10/01/2011. The listed diagnoses according to the treating physician are: 1. Neuropathy ulnar nerve, 2. Brachioneuritis/radiculitis, and 3. Medial epicondylitis. According to the treating physician's report dated 12/09/2013, the patient presents with neck and upper extremity pain. She has seen an acupuncturist two (2) times a week which has helped considerably. She no longer has headaches, which were severe and occurred several times a week. She continues to have some discomfort 4-5/10 in the left side of her neck which radiates down to her left elbow and hand. The patient reports intermittent numbness in her fingers that starts in her elbow. There is pain in the posterior shoulder and scapular as well. The pain is noted as constant and currently 3/10. An examination revealed mild pain with range of motion of the cervical spine. The Spurling's sign was negative for radiculopathy, but the facet loading was positive. There is positive palpable left paraspinal muscles spasm and left rhomboid and trapezius guarding present. An examination of the elbow revealed tenderness to palpation of the medial humeral epicondyle, and the elbow range of motion is zero (0) to (one hundred forty) 140 degrees of flexion. For the arm, pronation and supination are eighty-five (85) degrees bilaterally. The cubital tunnel compression test and ulnar nerve Tinel's is positive.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL ACUPUNCTURE 2X4 TO ADDRESS THE LEFT TRAPEZIAL/RHOMBOID: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, ELBOW CHAPTER.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This patient presents with neck and left upper extremity pain. The treating physician is requesting additional eight (8) acupuncture treatments to address the left trapezial/rhomboid. The medical records document that this patient received sixteen (16) acupuncture treatments between August and December 2013. The Acupuncture Medical Treatment Guidelines recommend acupuncture for pain, suffering, and restoration of function. The recommended frequency and duration is three (3) to six (6) treatments to produce functional improvement one (1) to two (2) times per year, with optimal duration of one (1) to two (2) months. Acupuncture treatments can be extended if functional improvement is documented. The report dated 12/09/2013, notes that acupuncture has helped "considerably." The report dated 10/28/2013, also reports that the patient no longer has headaches after three to four (3-4) weeks of acupuncture. In this case, the treating physician's statements do not substantiate functional improvement as required by MTUS. The Labor code defines functional improvement as significant improvement in activities of daily living (ADLs) or reduction in work restrictions and decreased dependence on medical treatment. Given the lack of documented functional improvement from prior acupuncture treatments, recommendation is for denial.

LEFT CUBITAL TUNNEL RELEASE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 37. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), ODG INDICATIONS FOR SURGERY - SURGERY FOR CUBITAL TUNNEL SYNDROME.

Decision rationale: This patient presents with continued neck and left upper extremity pain. The treating physician is requesting a left cubital tunnel release. For cubital tunnel release, the Official Disability Guidelines require that all of the following initial treatment before surgery is considered: strength exercises, activity modification, non-steroidal anti-inflammatory drug (NSAID) and pad/night splinting for a trial period of three (3) months. In this case, review of reports from 03/15/2013 to 12/09/2013 indicates that the patient has participated in strength exercises with an occupational therapy and has been taking anti-inflammatories since 05/13/2013. However, there is no indication that the patient has tried an elbow pad and/or night splinting. The guidelines require a trial of three (3) months of night splinting and/or an elbow pad before surgery is considered. Recommendation is for denial.

