

Case Number:	CM14-0006778		
Date Assigned:	02/07/2014	Date of Injury:	03/04/2010
Decision Date:	07/11/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/15/2014

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, 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:

Patient is a 59-year-old who has submitted a claim for right elbow sprain/strain, right wrist sprain/strain, rule out right carpal tunnel syndrome, and insomnia associated with an industrial injury date of March 4, 2010. Medical records from 2013 were reviewed. Patient complained of persistent right elbow pain radiating to the 5th digit, associated with numbness, nocturnal paresthesia, and tingling sensation. Constant pain was likewise noted at the right thumb, aggravated by gripping and grasping. This resulted to dropping off objects unintentionally. Physical examination revealed restricted range of motion towards supination and pronation of right elbow. Medial aspect of right elbow was tender. There were no bruising, swelling, atrophy, or lesion. Flick maneuver was negative. Both Tinel's and Phalen's tests were positive. Treatment to date has included physical therapy, aquatic therapy, and medications such as tramadol, Flexeril, omeprazole, gabapentin, and topical medications. Utilization review from January 3, 2014 denied the request for eight sessions of acupuncture for the right elbow and wrist because there is no comprehensive assessment of recent treatment completed to date; the number of sessions likewise exceeded guideline recommendation of three to six visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT SESSIONS OF ACUPUNCTURE FOR THE RIGHT ELBOW AND WRIST:

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 state that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture treatments may be extended if functional improvement is documented. The frequency and duration to produce functional improvement is three to six treatments, frequency of one to three times per week, and duration of one to two months. It may be extended if functional improvement is documented. In this case, patient has persistent right elbow and right wrist pain despite physical therapy, aquatic therapy, and intake of medications. Acupuncture may be a reasonable option; however, recent progress reports failed to provide evidence of ongoing exercise program, a necessary adjunct in acupuncture treatment. Moreover, the requested number of sessions exceeded the guideline recommendation of initial three to six visits. The request for eight sessions of acupuncture for the right elbow and wrist is not medically necessary or appropriate.