

Case Number:	CM14-0018029		
Date Assigned:	04/16/2014	Date of Injury:	05/03/2011
Decision Date:	06/02/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/12/2014

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 Occupational Medicine, 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 43 year old female who was injured on 05/03/2011. Prior treatment history has included right carpal tunnel release on 06/25/2012 and left carpal tunnel release on 10/01/2012. Diagnostic studies reviewed include EMG/NCV dated 10/04/2013 revealing an unremarkable exam. An MRI of the right elbow dated 11/21/2013 revealed: 1) Moderate extensor tendinosis with mild surrounding increased signal likely due to surrounding inflammation. 2) Mild biceps tendinosis. 3) Small effusion on the elbow joint. An MRI of the left elbow dated 11/21/2013 revealed: 1) Moderate extensor tendinosis with mild surrounding increased signal likely due to surrounding inflammation. 2) Mild biceps tendinosis. 3) Small effusion of the elbow joint. A PR-2 dated 12/19/2013 documented the patient with complaints of pain in both elbows. The patient is seen for left hand/wrist postoperative recheck. Objective findings on examination of the left elbow revealed moderate tenderness over the lateral epicondyle, and active range of motion from 0 to 135 degrees. Cozen test is positive. Lateral compression test is positive. Middle finger extension is positive. Examination of the right elbow revealed moderate tenderness over the lateral epicondyle. There is full painless active and passive range of motion from 0 to 160 degrees. There is moderate pain at the lateral elbow with resisted wrist extension. Cozen test is positive. Lateral compression test is positive. Middle finger extension is positive. Examination of the left hand and wrist reveals there is mild palmar tenderness in the hand, mild dorsal wrist tenderness, mild extensor carpi ulnaris tenderness present, and moderate extensor carpi ulnaris tenderness. Pain elicited with active flexion and extension. Pain elicited with radioulnar range of motion. Examination of the right hand and wrist revealed moderate extensor carpi ulnaris tenderness present, mild intersection point tenderness present. Diagnoses include: Carpal tunnel syndrome, bilateral, and Sprain/strain unspecified site of elbow and forearm.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE 2X3: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the MTUS Acupuncture Guidelines, Acupuncture is used as an option when pain medication is reduced or not tolerated, and it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. This patient is in accordance with the MTUS Acupuncture Guidelines recommendations, as the provider on 4/17/14 documented that acupuncture is improving the patient's symptoms. Therefore, the request is medically necessary and appropriate.

PHYSICAL THERAPY 2X6 BILATERAL ELBOW: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
PHYSICAL MEDICINE GUIDELINES Page(s): 99.

Decision rationale: According to the MTUS Chronic Pain Guidelines, Physical Therapy (PT) can be used for chronic pain management. The medical records provided for review dated 10/14/2013, 11/07/2013 and 12/19/2013 indicate the patient is diagnosed with bilateral carpal tunnel syndrome and elbow/forearm sprain and strain. The request is in accordance with the MTUS Chronic Pain Guidelines, as the patient's diagnoses constitute an unspecified neuralgia and myalgia respectively. The request is medically necessary and appropriate.