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| Case Number: | CM14-0018177 | | |
| Date Assigned: | 04/18/2014 | Date of Injury: | 01/11/2013 |
| Decision Date: | 06/30/2014 | UR Denial Date: | 01/30/2014 |
| Priority: | Standard | Application Received: | 02/13/2014 |

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic elbow pain, wrist pain, carpal tunnel syndrome, and medial epicondylitis reportedly associated with an industrial injury of January 11, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; oral steroids; a right elbow corticosteroid injection; and work restrictions. In a Utilization Review Report dated January 30, 2014, the claims administrator denied a request for eight sessions of acupuncture, stating that the applicant had already had 32 prior sessions of acupuncture over the life of the claim. Electrodiagnostic testing of the bilateral upper extremities were likewise denied, citing non-MTUS; ODG Guidelines. The claims administrator stated that the applicant already had had electrodiagnostic testing of December 13, 2012 which is notable for mild right-sided ulnar neuropathy and median neuropathy and negative for cervical radiculopathy. The applicant subsequently appealed. In a progress note dated January 22, 2014, the applicant's primary treating provider stated that the applicant had not returned to work. It was stated that the applicant has completed 32 sessions of acupuncture through that point in time. Positive Tinel signs were noted at the right elbow and the right wrist. While the elbow had a positive Tinel sign at left wrist, there was no mention of any symptoms associated with left wrist or left digits on this occasion. Repeat electrodiagnostic testing was sought along with additional acupuncture. Work restrictions were endorsed. An earlier note of November 20, 2013 was reviewed and notable for comments that the applicant had persistent numbness and pain, right-sided, making it difficult for her to sleep. A prior note of October 23, 2013 was notable for comments that the applicant again reported pain and numbness mostly about the right index finger. The applicant stated that she would like to hold off on pursuing wrist surgery at that point.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE ONCE A WEEK FOR EIGHT WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS state that acupuncture treatments may be extended if there is evidence of functional improvement. In this case, however, there was no such evidence of functional improvement. The employee failed to return to work; and failed to exhibit any diminution in work restrictions from visit to visit. The employee had been laid off by her former employer, it was further noted. The applicant continued to have pain complaints and continued to remain reliant on various medications, including Voltaren gel and oral Celebrex. Therefore, the request for additional acupuncture once a week for eight weeks is not medically necessary and appropriate.