

Case Number:	CM14-0123577		
Date Assigned:	08/08/2014	Date of Injury:	06/18/2013
Decision Date:	10/01/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/05/2014

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 Pain 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 38 year old male who sustained an industrial injury on 6/18/2013, to the right elbow. According to the medical records, he is diagnosed with medial/lateral epicondylitis. Treatment has included NSAIDs, topical analgesic, work restrictions, chiropractic/physiotherapy, HEP, and acupuncture. A peer review dated 7/22/2014 non-certified the requests for additional acupuncture 2x3 weeks, right elbow and consultation and treatment with hand surgeon, right elbow. The request for consultation with a hand surgeon, right elbow, was certified. On 5/15/2014, the patient was authorized 6 acupuncture sessions. According to the orthopedic surgeon PTP follow up progress report, the patient has been approved for acupuncture, he feels his pain has diminished but he wants to proceed with the acupuncture. An examination is not documented. Work restrictions are documented. Plan is he will complete acupuncture and follow-up in 4 weeks to see if further treatment is needed. According to the acupuncturist's secondary treating physician's PR-2 dated 6/19/2014, the patient has 6/10 right elbow pain. Objectively, right elbow ROM is limited and painful, 100 degrees flexion, 10 degrees extension, and pain with Tinel's. Diagnoses are pain in elbow and elbow sprain/strain. Treatment plan is the patient will complete 6 acupuncture sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture, 2 x weekly for 3 weeks, right elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The CA MTUS guidelines state "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. The patient has been authorized 6 initial acupuncture sessions for the right elbow. However the documentation does not support that patient has obtained notable positive response to rendered acupuncture. It is not evident that the patient has completed the 6 sessions with demonstrated objective functional improvement as required by the Acupuncture treatment guidelines to justify extending the treatments. Consequently, additional acupuncture is not appropriate or medically necessary. The request is not medically necessary.

Consultation and treatment with hand surgeon, right elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, page 127, and on the Official Disability Guidelines-Elbow

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 34-35.

Decision rationale: According to the CA MTUS ACOEM guidelines, the timing of a referral for surgery should be consistent with the condition that has been diagnosed, the degree of functional impairment, and the progression and severity of objective findings. Conditions that produce objective evidence of nerve entrapment and that do not respond to non-surgical treatment can be considered for surgery when treatment failure has been documented, in spite of compliance with treatment. Conditions of inflammatory nature may take many months to heal and the timing of a surgical consultation referral should take into consideration the normal healing time. Referral for surgical consultation may be indicated for patients who have: - Significant limitations of activity for more than 3 months; - Failed to improve with exercise programs to increase range of motion and strength of the musculature around the elbow; or - Clear clinical and electrophysiologic or imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. The medical records document this patient is already under the care of [REDACTED], who is orthopedic surgeon with specialty in shoulder and upper extremity reconstruction. As it would appear that this patient is already under the care of an orthopedic surgeon for his right elbow complaint, the medical records do not provide a rationale for this requested hand surgeon consultation and treatment. The request is not medically necessary.