

Case Number:	CM14-0134871		
Date Assigned:	08/27/2014	Date of Injury:	05/01/2013
Decision Date:	09/25/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/21/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 38-year-old male with a 5/1/13 date of injury. At the time (7/30/14) of request for authorization for 8 Visits of infared, elect acupuncture 15 mins and capsaicin patch for the rt shoulder, rt elbow, rt wrist and neck between 6/4/14 and 8/31/14 and 1 NIOSH between 6/4/14 and 8/31/14, there is documentation of subjective (cervical spine, right elbow, shoulder, and bilateral wrists pain) and objective (positive, Tinel's sign, tenderness over the hypothenar and thumb region, positive Phalen's sign, and tenderness over the trapezius and rhomboid muscles) findings, current diagnoses (cervical spine spondylosis, right elbow lateral epicondylitis, right shoulder impingement syndrome, and right carpal tunnel syndrome), and treatment to date (medications and physical therapy). Regarding Acupuncture, there is no documentation that acupuncture will be used as an option when pain medication is reduced or not tolerated, as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery, to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Regarding NIOSH, there is no documentation indicating case management is hampered by complex issues (prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job, injuries that require detailed exploration of a worker's abilities); and timing is appropriate (close to or at MMI/all key medical reports secured and additional/secondary conditions have been clarified).

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Visits of infared, elect acupuncture 15 mins and capsaicin patch for the rt shoulder, rt elbow, rt wrist and neck between 6/4/14 and 8/31/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS Acupuncture Medical Treatment Guidelines identifies that acupuncture may be 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, to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. In addition, MTUS Acupuncture Medical Treatment Guidelines allow the use of acupuncture for musculoskeletal conditions for a frequency and duration of treatment as follows: Time to produce functional improvement of 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. Within the medical information available for review, there is documentation of diagnoses of cervical spine spondylosis, right elbow lateral epicondylitis, right shoulder impingement syndrome, and right carpal tunnel syndrome. However, there is no documentation that acupuncture will be used as an option when pain medication is reduced or not tolerated, as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery, to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Therefore, based on guidelines and a review of the evidence, the request for 8 Visits of infared, elect acupuncture 15 mins and capsaicin patch for the rt shoulder, rt elbow, rt wrist and neck between 6/4/14 and 8/31/14 is not medically necessary.

1 NIOSH between 6/4/14 and 8/31/14: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: MTUS reference to ACOEM guidelines identifies that functional capacity evaluations (FCE) may establish physical abilities and also facilitate the examinee/employer relationship for return to work. ODG identifies documentation indicating case management is hampered by complex issues (prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job, injuries that require detailed exploration of a worker's abilities); and timing is appropriate (close to or at MMI/all key medical reports secured and additional/secondary conditions have been clarified), as criteria necessary to support the medical necessity of a functional capacity evaluation. Within the medical information available for review, there is documentation of diagnoses of cervical spine spondylosis, right elbow lateral epicondylitis, right shoulder impingement syndrome, and right carpal tunnel syndrome.

However, there is no documentation indicating case management is hampered by complex issues (prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job, injuries that require detailed exploration of a worker's abilities); and timing is appropriate (close to or at MMI/all key medical reports secured and additional/secondary conditions have been clarified). Therefore, based on guidelines and a review of the evidence, the request for 1 NIOSH between 6/4/14 and 8/31/14 is not medically necessary.