

Case Number:	CM14-0164372		
Date Assigned:	10/09/2014	Date of Injury:	04/18/2013
Decision Date:	11/19/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	10/06/2014

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:

The injured worker is a 29-year-old female who reported an injury on 04/18/2013. The mechanism of injury was not submitted for review. The injured worker has diagnoses of left elbow pain, left upper extremity pain, left shoulder pain, rule out complex regional pain syndrome of the left upper extremity, suspected complex regional pain syndrome left upper extremity, chronic pain, and left cubital tunnel syndrome. Past medical treatment consisted of physical therapy, acupuncture therapy, ganglion block, and medication therapy. Medications included Lyrica, Mobic, and Voltaren 1% gel. An MPB of the left forearm dated 04/18/2013 showed no evidence of acute radiographic abnormality. An MPB of the left wrist dated 04/18/2013 showed no evidence of acute radiographic abnormality. An EMG/NCS revealed mild left carpal tunnel syndrome with prolonged median sensory latencies across the wrist. On 10/10/2014, the injured worker complained of neck pain and left elbow pain. The physical examination noted that the injured worker rated the pain at 8/10 to 9/10. The physical examination revealed tenderness to palpation of the left elbow, left wrist, and left hand, and a positive Tinel's signs. Mild swelling was noted in the left elbow, left wrist, and left hand. The motor examination showed decreased strength in the left upper extremity. Grip strength testing with a Jamar hand dynamometer was right at 90, 60, and 80 and the left at 10, 30, and 20. There was deformity of the anterior wrist with indentation of the radial muscles. The medical treatment plan was for the injured worker to continue acupuncture to the left shoulder. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture to the left shoulder, 4 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for Acupuncture to the left shoulder, 4 visits is not medically necessary. Acupuncture is used as an option when pain medication is reduced or not tolerated. It must be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as followed: 1) time to produce functional improvement is 3 to 6 treatments, 2) frequency is 1 to 3 times per week, and 3) optimum duration is 1 to 2 months. The submitted documentation did not indicate the efficacy of prior acupuncture sessions. Additionally, it did not specify how many sessions of acupuncture the injured worker has had to date. Furthermore, there was no rationale submitted for review to warrant the continuation of the acupuncture. Given the above, the injured worker is not within the recommended guideline criteria. As such, the request is not medically necessary.