

Case Number:	CM14-0021388		
Date Assigned:	06/11/2014	Date of Injury:	06/13/2012
Decision Date:	07/14/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/20/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 records presented for review indicate this 50-year-old female was reportedly injured on 6/13/2012. The mechanism of injury is listed as a repetitive injury from striking her elbow on her work chair. As a special note, the claimant suffered a panic attack on the date of injury reported while working as a credit union branch supervisor. The most recent progress note dated 1/20/2014, indicates there are ongoing complaints of elbow pain with numbness and tingling in the right ring/little finger. The physical examination demonstrated neck stiffness without cervical radiculopathy; tenderness over the medial epicondylar area of both elbows with positive Tinell's sign (left greater than right). MRI of the cervical spine dated October 2012 showed a small disc osteophyte at C5/6 with no foraminal narrowing. Diagnosis: right elbow medial epicondylitis, left elbow medial and lateral epicondylitis, cervical sprain/strain, headaches and generalized anxiety with panic attacks. Previous treatment includes elbow bracing, medial epicondylar injection and medications to include Nembutal and Terocin cream. A request was made for twelve acupuncture sessions on the elbows bilaterally and was denied on 2/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE X 12 SESSIONS ON THE BILATERAL ELBOWS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS guidelines support acupuncture as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation to hasten functional recovery. When noting the claimant's diagnosis, date of injury, clinical presentation, and the lack of documentation of an on-going physical rehabilitation program, there is insufficient clinical data provided to support acupuncture; therefore, this request is not considered medically necessary.