

Case Number:	CM14-0040471		
Date Assigned:	06/20/2014	Date of Injury:	07/11/2007
Decision Date:	08/11/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/10/2014

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 bilateral cubital tunnel syndrome and bilateral shoulder pain reportedly associated with an industrial injury of July 11, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; and at least 14 prior sessions of acupuncture, per the claims administrator. In a Utilization Review Report dated March 7, 2014, the claims administrator denied a request for eight additional sessions of acupuncture and denied a request for Pil-O-Splints. No clear rationale for the splint denial was provided. The applicant's attorney subsequently appealed. In a progress note dated September 23, 2013, the applicant was described as not presently working owing to conflicts with work scheduling. A 10-pound lifting limitation was apparently in place. The applicant had persistent complaints of low back and neck pain status post earlier shoulder surgery. It was stated that the applicant had returned to work at one point in time. The applicant had a variety of complaints, including low back pain, neck pain, shoulder pain, mid back pain, and bilateral knee pain. The applicant was using Vicodin and Motrin for pain relief. Several medications were refilled. In a March 3, 2014 progress note, the applicant was given several diagnoses, including bilateral cubital tunnel syndrome. Splinting for the same was endorsed to be worn at home at night. Vicodin and Motrin were renewed. The applicant's work status was not clearly stated, although it was suggested that the applicant was off of work, on total temporary disability. The splints in question are apparently being endorsed for cubital tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture bilater shoulders and bilateral cubital tunnel syndrome 2 x 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The applicant has had at least 14 prior sessions of acupuncture per the claims administrator. As noted in MTUS, acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20f. In this case, however, there has been no such demonstration of functional improvement as defined in section 9792.20f. The applicant is off of work, on total temporary disability. The applicant remains highly reliant and highly dependent on medications such as Motrin and Vicodin. All of the above, taken together, implies a lack of functional improvement as defined in MTUS Guidelines despite completion of at least 14 prior sessions of acupuncture. Therefore, the request for additional acupuncture is not medically necessary.

DME: Pil - O - Splints bilaterally: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 21-22.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 45.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 10, Table 5, page 45, elbow padding in the form of the Pil-O-Splint being sought here is recommended in the treatment of cubital tunnel syndrome, the issue reportedly present here. The applicant, per the attending provider, has a mild case of cubital tunnel syndrome with associated symptoms of paresthesias. Usage of Pil-O-Splints to combat the same is indicated, appropriate, and supported by ACOEM. Therefore, the request is medically necessary.