

Case Number:	CM13-0008810		
Date Assigned:	09/09/2013	Date of Injury:	10/15/2010
Decision Date:	10/14/2015	UR Denial Date:	07/16/2013
Priority:	Standard	Application Received:	08/08/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Montana

Certification(s)/Specialty: Chiropractor, Oriental Medicine

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 40 year old female who sustained an industrial injury on October 15, 2010. The worker was employed as a family support officer. The accident was described as a continuous trauma injury over the course of employment. A primary treating office visit dated July 02, 2013 reported subjective complaints of bilateral elbows, wrists, and hands in pain along with slight neck pain. Objective assessment found cervical spine with palpable tenderness, muscle spasm and decreased range of motion; positive Jackson's test. There is palpable tenderness with spasm to the brachioradialis pronator teres bilaterally. Bilateral wrists have palpable tenderness with decreased range of motion, positive Phalen's and moderate swelling noted. The following diagnoses were applied: bilateral shoulders strain and sprain; rule out bilateral shoulders internal derangement; bilateral elbows ulnar neuropathy; bilateral lateral epicondylitis; bilateral carpal tunnel syndrome, and bilateral hands and fingers strain and sprain. The plan of care involved: a course of multi-modality physical therapy session and urine toxicology. The first report of illness dated November 02, 2010 reported subjective complaint of dull, moderate right hand pain. The worker was diagnosed with: sprain of wrist right and sprain of elbow right; sprain of hand right and right lateral epicondylitis. Previous treatment modality to include: activity modification, oral medications, physical therapy sessions, topical medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Acupuncture for the right elbow once per week for 6 weeks (date of service 03/29/2013, 04/05/2013, 04/19/2013, 04/26/2013, 05/03/2013, 05/10/2013): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested retrospective 1X6 acupuncture sessions for the right elbow which were non-certified by the utilization review. Per medical notes dated 04/23/13, patient reported improvement with acupuncture; however, there is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Per medical notes dated 05/21/13, she states she has had no improvement of her symptoms. The documentation fails to provide baseline of activities of daily living and examples of improvement in activities of daily living as result of acupuncture. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, 1X6 acupuncture treatments are not medically necessary.

Acupuncture for the left elbow once per week for 6 weeks (date of service 03/29/2013, 04/05/2013, 04/19/2013, 04/26/2013, 05/03/2013, 05/10/2013): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Patient has had prior acupuncture treatment. Provider requested retrospective 1X6 acupuncture sessions for the left elbow which were non-certified by the utilization review. Per medical notes dated Patient has had prior acupuncture treatment. Provider requested retrospective 1X6 acupuncture sessions for the left elbow which were non-certified by the utilization review. Per medical notes dated 04/23/13, patient reported improvement with acupuncture; however, there is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Per medical notes dated 05/21/13, she states she has had no improvement of her symptoms. The documentation fails to provide baseline of activities of daily living and examples of improvement in activities of daily living as result of acupuncture. Per MTUS guidelines, Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam or decrease in medication intake. Per review of evidence and guidelines, 1X6 acupuncture treatments are not medically necessary.