

Case Number:	CM14-0092880		
Date Assigned:	09/12/2014	Date of Injury:	05/06/2013
Decision Date:	02/04/2015	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/19/2014

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 Rehab, has a subspecialty in Interventional spine 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 patient is a 46 year old male with an injury date on 5/6/13. The patient complains of persistent right hand pain and right elbow pain, with overall pain rated 8/10 per 3/24/14 report. The patient states that Tramadol and Motrin are helping per 3/24/14 report. The patient is also on modified work duties but it is not working per 1/17/14 report. Based on the 3/24/14 progress report provided by the treating physician, the diagnoses are: 1. hand, contusion right 2. elbow, epicondylitis lateral right 3. hand tendonitis right 4. finger trigger ring right 5. finger trigger long right. A physical exam on 3/24/14 showed "right hand tenderness to palpation, swelling around 3rd metacarpophalangeal joint." Right hand extension/flexion with pain." Right elbow flexion/extension with pain, and grip with pain. The patient's treatment history includes medications (ibuprofen, comfort pac), work modifications, right elbow brace, acupuncture, physical therapy (15 sessions, helpful). The treating physician is requesting acupuncture 2 times a week for 6 weeks for the right hand and right elbow. The utilization review determination being challenged is dated 6/10/14. The requesting physician provided treatment reports from 12/17/13 to 3/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 times a week for 6 weeks for the Right Hand and Right Elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: This patient presents with right hand pain, right elbow pain. The treater has asked for acupuncture 2 times a week for 6 weeks for the right hand and right elbow on 3/24/14. The utilization review letter dated 6/10/14 states the patient had prior acupuncture, but the quantity and dates of sessions was not specified. MTUS acupuncture guidelines allow 3-6 sessions of trial before additional treatment sessions are allowed. In this case, the patient has had unspecified amount of acupuncture treatments, dates unspecified. It is not clear if patient had a 3-6 session trial. For additional treatments, functional improvement as defined by labor code 9792.20(e) as significant change in ADL's, or change in work status, AND reduced dependence on medical treatments must be documented. Given the lack of such documentation following recent acupuncture, the requested acupuncture is not indicated. The request is not medically necessary.