

<b>Case Number:</b>	CM15-0109238		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	10/16/2011
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 55 year old male, who sustained an industrial injury on October 16, 2011. The injured worker was diagnosed as having status post left lateral epicondylar release with residual neuropathy and left carpal tunnel release with residual. Treatment to date has included surgery, therapy and medication. A progress note dated April 15, 2015 provides the injured worker complains of left elbow pain radiating to the hand and wrist with numbness and hand pain. He rates the pain 5/10. Physical exam notes elbow tenderness with positive Cozen's, Mill's and Tinel's sign. The wrist and hand perspires and is mottled compared to the right. There is positive Phalen's test. The plan includes acupuncture, magnetic resonance imaging (MRI), electromyogram, nerve conduction study and follow-up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Acupuncture 2x4 for the left elbow and left wrist: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** Guidelines note that acupuncture is used as an option when pain medication is reduced or not tolerated and it may be used as an adjunct to physical rehabilitation and/or surgical intervention. Guidelines recommend an initial trial of 3-4 sessions over 2 weeks and continued if there is functional improvement. In this case, there is no documentation of improvement functionally. The request for 8 acupuncture 2x4 for the left elbow and wrist is not medically appropriate and necessary.

**MRI of the left elbow and left wrist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for imaging - magnetic resonance imaging (MRI).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Imaging.

**Decision rationale:** Guidelines recommend MRI of the elbow and wrist if the imaging study result will substantially alter the treatment plan or evidence that the applicant would undergo surgery if a correctable lesion is identified. In this case, it is not documented how the proposed imaging studies would alter the treatment plan and it does not appear that the applicant is intent on pursuing further surgery. In addition, the patient may have had an MRI in December of the previous year. It is not clear why a repeat study is requested. The request for MRI elbow and wrist is not medically appropriate and necessary.