

Case Number:	CM15-0149811		
Date Assigned:	08/13/2015	Date of Injury:	04/18/2013
Decision Date:	09/25/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/03/2015

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: California

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 30 year old female who sustained an industrial injury on 4-18-13. Treatments include: medication, acupuncture, physical therapy, stellate ganglion block. Progress report dated 4-18-13 reports worsening neck and upper extremity pain. The neck pain radiates down the left upper extremity and is associated with numbness frequently to the shoulder, elbow and hand. The pain is aggravated by activity, repetitive head motions and walking. The upper extremity pain is in the elbows, fingers, forearms and shoulders and is associated with numbness and weakness. The pain is aggravated by activity, hand function, pulling pushing, rotation and walking. The pain is rated 6 out of 10 with medications and 8 out of 10 without medications. Ganglion blocks have been very helpful. Diagnoses include: left elbow pain, left upper extremity pain, left shoulder pain, rule out complex regional pain syndrome of the left upper extremity, suspected complex regional pain syndrome, left upper extremity chronic pain and electrostatically negative left cubital tunnel syndrome. Plan of care include: request stellate ganglion block, continue home exercise program, recommend weight loss program, recommend intense physical therapy following block and renew current medications. Work status: temporarily disabled and remain off work for 1 month. Return with restrictions of no heavy lifting over 15 pounds and minimal use of the left upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture X 4 sessions for left elbow pain as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section: Elbow (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The 7/23/15 UR determination denied the treatment request for an additional 4 sessions of Acupuncture to manage residual deficits of elbow pain and impairment citing CAMTUS Acupuncture Treatment Guidelines and ODG Treatment Guidelines. The patient did receive prior Acupuncture care to the elbow with a report of functional improvement but lacking in any report of specific ADL's or pain index improvement required by the CA-MTUS Acupuncture Treatment Guidelines. The medical necessity for continued Acupuncture management, 4 sessions to the elbow, was not supported by the report/s reviewed or the CA-MTUS Acupuncture Treatment Guidelines. The request is not medically necessary.