

Case Number:	CM15-0167018		
Date Assigned:	09/04/2015	Date of Injury:	05/19/2014
Decision Date:	10/07/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/25/2015

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, 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 63 year old male who sustained an industrial injury on 05-19-2014. Mechanism of injury occurred when he was closing a cover on a 50-pound service box when the cover dropped from the left arm and he used the right arm to catch the cover before it fell. He felt immediate pain in the right biceps attachment area. Diagnoses include ruptured right arm biceps, status post right biceps tendon repair, and myofascial pain syndrome. Treatment to date has included diagnostic studies, medications, physical therapy, acupuncture, and status post distal biceps reattachment in June of 2014. On 06-16-2015 an Electromyography and Nerve Conduction Velocity was done and were normal. There is clinical evidence of right elbow pain, and a question of internal derangement of the right elbow. Current medications include Naprosyn, Omeprazole, Flexeril, Neurontin and Mentherm gel. He is working full duties. A physician progress note dated 07-15-2015 documents the injured worker complains of right elbow pain, status post right elbow surgery. He is doing well with acupuncture and doing his home exercise program. There is a 2-inch scar on the right elbow. An Agreed Medical Evaluator note done one 08-06-2014 documents the injured worker complains of intermittent pain into the ventral right elbow area. He notices decreased range of motion and increased pain with movement or activity. At times, he feels some tingling. He rates his pain as 2 out of 10 on average and 4-5 out of 10 at its worst. On examination, there is slight right arm atrophy. He has normal upper extremity sensation. Ulnar Tinel's was positive at the right elbow. Median Tinel's was positive at the right wrist. He has a positive Tinel's just distal to the elbow crease. Several documents within the submitted medical records are difficult to decipher. The treatment plan

includes Menthoderm gel #2. Treatment requested is for additional Acupuncture 2x4 for the right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Acupuncture 2x4 for the right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 6: Pain, Suffering, Restoration of Function, page 1, 114.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Provider requested additional 2X4 acupuncture sessions for the right elbow, which were modified to 6 by the utilization review. Requested visits exceed the quantity supported by cited guidelines. There is no assessment in the provided medical records of functional efficacy with prior acupuncture visits. Medical reports reveal little evidence of significant changes or improvement in findings, revealing a patient who has not achieved significant objective functional improvement to warrant additional treatment. Additional visits may be rendered if the patient has documented objective functional improvement. 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, 2X4 acupuncture treatments for the right elbow are not medically necessary.