

Case Number:	CM15-0192713		
Date Assigned:	10/07/2015	Date of Injury:	10/29/2014
Decision Date:	11/13/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/30/2015

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 56 year old female, who sustained an industrial injury on 10-29-2014. The injured worker was being treated for cervical radiculopathy, improving bilateral carpal tunnel syndrome, improved right medial epicondylitis, and improved left medial epicondylitis. Medical records (4-30-2015) indicate minimal left hand pain following an injection. The injured worker reported right hand pain with pain mostly in the 3 radial fingers and thumb. She reported continued numbness and tingling of the left hand. The physical exam (4-20-2015) revealed cervical pain radiating to the bilateral hands with cervical motion, and positive bilateral Spurling's. There was normal strength in the bilateral C5-T1 (bilateral cervical 5-thoracic 1) distribution and slight decreased sensation in the bilateral C6-7 (cervical 6-7) distribution. There was bilateral elbow flexion of 0 degrees and extension of 130 degrees without tenderness over the elbow. Medical records (8-20-2015) indicate improved pain and numbness in the hands and elbows. The injured worker reported recent burning pain radiating down the right arm with occasional difficulty with fine motor movements on the right side. The injured worker was not taking regular pain medication and felt the acupuncture was helpful. The physical exam (8-20-2015) revealed mild tenderness over the cervical spine with decreased flexion, extension, and side-to-side rotation. There was significantly increased pain down the right arm with bilateral Spurling's. There was normal strength in the bilateral C5-T1 (bilateral cervical 5-thoracic 1) distribution and slight decreased sensation in the bilateral C6-7 (cervical 6-7) distribution. There was bilateral elbow flexion of 0 degrees and extension of 130 degrees without tenderness over the elbow. On 1-27-2015, electromyography revealed bilateral carpal tunnel syndrome and right

cubital tunnel syndrome. Treatment has included at least 18 sessions of acupuncture, physical therapy, an injection in the left hand first extensor compartment, right carpal tunnel steroid injection, work restrictions, splinting, and medications including pain and muscle relaxant. Per the treating physician (8-20-2015 report), the injured worker's work status includes limited typing to 15 minutes per hour over a 9 hour day. On 9-3-2015, the requested treatments included continued 12 sessions of acupuncture for the bilateral upper extremities. On 9-14-2015, the original utilization review non-certified a request for 12 sessions of acupuncture for the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) acupuncture sessions for the bilateral upper extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The September 14, 2015 utilization review document denied the treatment request for 12 acupuncture visits to manage the patient's bilateral upper extremity complaints citing CA MTUS acupuncture treatment guidelines. The reviewed medical records identified the patient completing 15 of 24 authorized acupuncture visits for management of identified cervical radiculopathy, right carpal tunnel syndrome left carpal tunnel syndrome, right medial epicondylitis and left medial epicondylitis. An additional 12 acupuncture sessions were requested despite the failure to complete preauthorized care. In consideration for additional treatment beyond the certified 24 visits, evidence of functional improvement was required but lacking in documentation of functional gains. In the absence of documented functional gains the medical necessity to exceed the certified 24 visits with authorization of an additional 12 visits was not supported by the reviewed documentation of medical necessity or in compliance with CA MTUS acupuncture treatment guidelines. The request is not medically necessary.