

Case Number:	CM15-0193485		
Date Assigned:	10/07/2015	Date of Injury:	12/20/2012
Decision Date:	12/15/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	10/02/2015

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, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational 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 46 year old male, who sustained an industrial injury on 12-20-2012. The injured worker was diagnosed as having right elbow pain and right cubital tunnel syndrome. Treatment to date has included diagnostics, ulnar transposition surgery 7-28-2015, and medications. On 8-25-2015, the injured worker complains of constant right elbow pain, rated 7 out of 10, and numbness on the medial aspect of the right forearm. He reported waking up at night, the inability to rest his arm on anything, and the inability to play ball with his kids. Objective findings included a surgical scar over the right elbow, 2+ tenderness to palpation, range of motion flexion 122, valgus stress test increased pain, and Tinel's produced shooting pain along the ulnar nerve. Current medication regimen was not noted. The treatment plan included a follow-up appointment in one week for his ulnar transposition surgery, physical therapy, and acupuncture. He was also requested to have orthopedic consultation (unspecified) and pain management monthly. He remained off work. On 9-02-2015 Utilization Review modified a request for acupuncture for the right arm-elbow to a trial of 4 sessions (original request 2x4), non-certified a request for pain management consult once a month, and non-certified a request for orthopedic consultation-referral.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Acupuncture sessions, twice a week for four weeks for the right arm/elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: According to acupuncture guidelines, it is recommended as a treatment modality when pain medication is not tolerated or sufficiently effective. The guidelines cited recommend initial trial of 4 sessions over two weeks prior to considering further treatment. At this point an initial trial of up to 4 sessions would be recommended and based on the outcome of the initial treatment further sessions may be recommended. At this point 8 sessions is not recommended as necessary for initial treatment for this patient. The request is not medically necessary.

Pain Management Consultation once a month: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 7, Page 127; Official Disability Guidelines, Criteria for Office Visits.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Follow-up Visits.

Decision rationale: The cited guidelines support referral to pain consultation when conservative treatment has not been successful, there is no planned surgical intervention pending and the patient is experiencing worsening of pain symptoms that is impacting functional capacity. ACOEM, Chapter 6, page 114 states, in pertinent part: "Research suggests that multidisciplinary care is beneficial for most persons with chronic pain, and likely should be considered the treatment of choice for persons who are at risk for, or who have, chronic pain and disability." The guidelines also state that physicians should consider referral for further evaluation and perhaps cooperative treatment if: 1) specific clinical findings suggest undetected clinical pathology. 2) Appropriate active physical therapy does not appear to be improving function as expected. 3) The patient experiences increased pain, or at the very least, pain does not decrease come over time. For this specific injured worker an initial referral for evaluation by a pain management consultation is appropriate however prior to understanding the recommendations for continuing treatment, ongoing monthly pain management consultation is not warranted. Therefore considering the provided records and cited guidelines, referral for pain medicine consultation on a monthly basis is not medically necessary.

Orthopedic Consultation/referral: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 7, Page 127; Official Disability Guidelines, Criteria for Office Visits.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Follow-up Visits, Surgical Considerations.

Decision rationale: It is unclear based on this request if the treating provider intends to obtain a second surgical opinion or to request following with the surgeon who performed the ulnar transposition surgery. Follow-up with the physician who performed the surgery on 7/28/15 is certainly appropriate to ensure that the patient is progressing and the post-surgical course is appropriate. New referral for a further surgical evaluation is not supported at this time as the IW already initiated care with a surgeon who is providing initial treatment. The request is not medically necessary.