

Case Number:	CM15-0196523		
Date Assigned:	10/12/2015	Date of Injury:	08/15/2014
Decision Date:	11/18/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/06/2015

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: 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 63 year old male, who sustained an industrial injury on August 15, 2014. He reported pain in his shoulders, elbows, wrists and hands. The injured worker was currently diagnosed as having bilateral shoulder acromioclavicular arthrosis, right shoulder tendonitis, bilateral elbow sprain and strain, left olecranon bursitis, bilateral wrist tenosynovitis and hypertension. Treatment to date has included acupuncture, medication, diagnostic studies, transcutaneous electrical nerve stimulation unit and physical therapy. On August 29, 2015, the injured worker complained of burning bilateral elbow pain. The pain was rated as a 4 on a 1-10 pain scale. He also complained of burning bilateral wrist pain. This pain was also rated as a 4 on the pain scale. He also complained of weakness, numbness, tingling and pain radiating to the hands and fingers. Overall, the pain is aggravated by gripping, grasping, reaching, pulling and lifting. He stated that the symptoms persist but his medications do offer him temporary relief of pain and improve his ability to have restful sleep. Physical examination of the bilateral elbows revealed palpable tenderness over the left medial and lateral epicondyle and at the olecranon. Range of motion of the left elbow was restricted. Physical examination of the bilateral wrists revealed tenderness to palpation over the carpal bones and over the thenar and hypothenar eminence bilaterally. Range of motion of the bilateral wrists was restricted. The treatment plan included medication, EMG-NCV of bilateral upper extremities, referral to an orthopedic surgeon for left elbow, 18 acupuncture sessions for bilateral shoulder, bilateral elbow and bilateral wrist, 18 physical therapy sessions for bilateral elbow and right wrist and shockwave therapy up to three treatments for bilateral shoulder, bilateral elbow and bilateral wrist. On September 22, 2015, utilization review modified a request for 18 sessions of acupuncture for left elbow and both wrists to 6 sessions of acupuncture for left elbow and both wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 acupuncture sessions for the left elbow and both wrists: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and Hand (Acute & Chronic), Acupuncture.

Decision rationale: The requested 18 acupuncture sessions for the left elbow and both wrists, is not medically necessary. CA MTUS Acupuncture Guidelines recommend note that in general acupuncture may be used as an adjunct to physical rehabilitation. However, Official Disability Guidelines (ODG), Forearm, Wrist and Hand (Acute & Chronic), Acupuncture, note that acupuncture is not recommended for forearm, wrist and hand complaints. The injured worker has burning bilateral wrist pain. This pain was also rated as a 4 on the pain scale. He also complained of weakness, numbness, tingling and pain radiating to the hands and fingers. Overall, the pain is aggravated by gripping, grasping, reaching, pulling and lifting. He stated that the symptoms persist but his medications do offer him temporary relief of pain and improve his ability to have restful sleep. Physical examination of the bilateral elbows revealed palpable tenderness over the left medial and lateral epicondyle and at the olecranon. Range of motion of the left elbow was restricted. Physical examination of the bilateral wrists revealed tenderness to palpation over the carpal bones and over the thenar and hypothenar eminence bilaterally. Range of motion of the bilateral wrists was restricted. The treating physician has not documented the medical necessity for acupuncture beyond a guideline recommended trial of 4-6 sessions and then re-evaluation. The criteria noted above not having been met, 18 acupuncture sessions for the left elbow and both wrists is not medically necessary.