

Case Number:	CM15-0205204		
Date Assigned:	10/22/2015	Date of Injury:	12/28/2014
Decision Date:	12/17/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/20/2015

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 53 year old female, who sustained an industrial injury on 12-28-2014. The medical records indicate that the injured worker is undergoing treatment for right shoulder strain-tendinitis-impingement, right elbow medial and lateral epicondylitis with cubital tunnel syndrome, and right wrist flexor-extensor tendinitis with De Quervain's tenosynovitis and carpal tunnel syndrome. According to the progress report dated 7-22-2015, the injured worker presented with complaints of pain in the right shoulder, right elbow, and right wrist-hand with numbness and tingling. The level of pain is not rated. The physical examination of the right shoulder reveals tenderness to palpation over the subacromial region, acromioclavicular joint, and supraspinatus tendon. Impingement test and cross arm test are slightly positive on the right. Range of motion is limited. There is decreased muscle motor strength (4 out of 5). Examination of the right elbow reveals tenderness to palpation over the medial and lateral epicondyles. Cozen's test, reverse Cozen's test, and Tinel's test are positive. Range of motion is reduced. Examination of the right wrist reveals tenderness to palpation over the flexor and extensor tendons and first dorsal compartment. Tinel's test, Phalen's test, and Finkelstein's test are positive. Range of motion is decreased. Jamar grip strength on the right 12-12-10. There is diminished sensation to light touch and pinprick in the bilateral upper extremities in the right medial and ulnar nerve distributions. The current medications are Naproxen and Tramadol. Previous diagnostic studies include x-rays of the right shoulder and right elbow (7-22-2015), which were within normal limits. Treatments to date include medication management, elbow support, and 30 sessions of occupational therapy (temporary relief). Work status is described as

temporarily totally disabled. The original utilization review (10-12-2015) modified a request for 1-3 acupuncture treatments per week for 1-2 months (original request was for short course of acupuncture).

IMR ISSUES, DECISIONS AND RATIONALES

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

Short course acupuncture treatment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The original utilization review (10-12-2015) certified 1-3 acupuncture treatments per week for 1-2 months, per an original request for a "short course of acupuncture", in management of a reported right shoulder strain, tendinitis with impingement, right elbow medial and lateral epicondylitis with cubital tunnel syndrome, right wrist flexor/extensor tendinitis, and carpal tunnel syndrome. The reviewed medical records would support acupuncture care to the addressed regions that in the absence of a prior treatment course would be six visits in compliance with CA MTUS acupuncture treatment guidelines. The request for a "short course of acupuncture" does not specify a quantity or duration and thus is not in compliance with the CA MTUS treatment guidelines that recommend an initial course of care for six visits, with evidence of functional improvement should additional care be requested. The requested short course of acupuncture is therefore not medically necessary.