

Case Number:	CM15-0217371		
Date Assigned:	11/09/2015	Date of Injury:	01/25/2013
Decision Date:	12/18/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/04/2015

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: 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 43 year old female who sustained an industrial injury on 01-25-2013. A review of the medical records indicated that the injured worker is undergoing treatment for calcific tendinitis of the left shoulder, strain left upper arm and left shoulder and right cubital tunnel syndrome. The injured worker is status post left elbow medial tenotomy, debridement, lysis of the ulnar nerve and repair in 2014. According to the treating physician's progress report on 10-07-2015, the injured worker continues to experience pain and tenderness to the bilateral elbows with difficulty movement at times and rated at 0-4 out of 10 on the pain scale. Surgery has been authorized for the right elbow. Examination of the right elbow noted supination and pronation against resistance elicited minor pain and pulling into the lateral epicondyle. The examination of the left elbow demonstrated tenderness to palpation over the surgical site without signs of infection noted. Flexion and extension were full. Grip strength was weak bilaterally at 3 out of 5. Sensation and distal pulses were intact bilaterally. Official reports of electrodiagnostic studies of the bilateral upper extremities performed on 10-24-2014 were included in the review. Prior treatments have included diagnostic testing, surgery, post-operative physical therapy, home exercise program and medications. Current medication was noted as Ultram. Treatment plan consists of scheduling right elbow surgery and the current request for acupuncture therapy times 12 sessions for the bilateral elbows. On 10-21-2015 the Utilization Review determined the request for acupuncture therapy times 12 sessions for the bilateral elbows was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 12 visits for bilateral elbows: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: In reviewing the records available, it does not appear that the patient underwent a prior acupuncture trial. As the patient continued symptomatic despite previous care an acupuncture trial for pain management would have been reasonable and supported by the MTUS (guidelines). The guidelines note that the amount to produce functional improvement is 3 to 6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained with the trial. As the primary care physician requested an initial 12 acupuncture sessions, which is exceeding the number recommended by the guidelines without current extenuating circumstances documented, the request is seen as excessive, not supported for medical necessity.