

Case Number:	CM15-0220303		
Date Assigned:	11/13/2015	Date of Injury:	09/15/2014
Decision Date:	12/30/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	11/10/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 female, with a reported date of injury of 09-15-2014. The diagnoses include left elbow lateral epicondylitis, left elbow sprain, left wrist carpal tunnel release, left wrist carpal tunnel syndrome, and right wrist carpal tunnel syndrome. The progress report dated 10-02-2015 indicates that the injured worker had not worked since the last evaluation in the office. He complained of bilateral shoulder pain, with painful movement and reduced range of motion; and occasional bilateral wrist and hand pain, with limited range of motion and painful movement. The objective findings include tenderness to palpation over the lateral epicondyle of the left elbow. The injured worker has been instructed to return to modified work. The progress report dated 08-21-2015 indicates that the injured worker complained of constant upper back pain, constant bilateral shoulder pain with painful movement, and constant bilateral hand and wrist pain with painful range of motion. The objective findings include tenderness to palpation over the lateral epicondyle and extensor muscle mass of the right elbow; tenderness over the volar aspect, left greater than right of the right wrist; decreased sensation of the right hand; and positive Phalen's test on the right; tenderness to palpation to the volar aspect, left greater than right of the left hand and wrist; decreased sensation of the left hand; and positive Phalen's test on the left. The injured worker has been instructed to return to modified work. The diagnostic studies to date have included electrodiagnostic studies of the upper extremities on 01-26-2015 with evidence of carpal tunnel and electrodiagnostic studies on 08-04-2015 (complete results not included). Treatments and evaluation to date have included Naproxen, Omeprazole, and injection in the lateral epicondyle of the left elbow. The request for authorization was dated

10-09-2015. The treating physician requested acupuncture once a week for six weeks to the left elbow to decrease pain and increase strengthening and Norco 5-325mg #90. On 10-19-2015, Utilization Review (UR) non-certified the request for acupuncture once a week for six weeks and Norco 5-325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1x6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: CA MTUS Guidelines recommend acupuncture as an option when pain medications are reduced or not tolerated. Acupuncture may also be used as an adjunct to physical rehab and/or surgical intervention to hasten recovery. In this case, the claimant is tender to palpation of the lateral epicondyle of the elbow; however, there is no documentation that the claimant would be using acupuncture as an adjunct to a rehab program. There has also been no recent surgical intervention. The claimant has been denied for physical therapy to the right elbow and wrist. Therefore, the request for acupuncture is not supported by guidelines and is not medically necessary or appropriate.

Norco 5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: Norco is an opioid indicated for short-term treatment of moderate to severe pain. In this case, the claimant complains of bilateral shoulder, hand and wrist pain, with tenderness to palpation over the lateral epicondyle of the elbow. Guidelines require documentation of the 4 A's (analgesia, ADL's, appropriate medication use and adverse events) for ongoing use of opioids. There is an additional request, not considered here for a pain management consult since the provider cannot provide an opioid contract or urine drug testing. No urine drug testing was submitted with this request to confirm compliance. Therefore, based upon the above, the request for Norco is not medically necessary or appropriate.