

Case Number:	CM15-0221709		
Date Assigned:	11/17/2015	Date of Injury:	05/09/2013
Decision Date:	12/24/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/11/2015

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 29 year old female, who sustained an industrial injury on 05-09-2013. A review of the medical records indicates that the worker is undergoing treatment for sprain and strain of right elbow and status post right carpal tunnel release surgery in 2014, rule out recurrent chronic carpal tunnel syndrome, right wrist. Treatment has included pain medication, physical-occupational therapy, Cortisone injections of the right wrist, bracing and surgery. Subjective complaints (08-10-2015) included 7-8 out of 10 right wrist pain and tenderness of the right elbow. Objective findings (08-10-2015) included pain with range of motion of the right wrist, pain over the distal radioulnar joint on the right with pronation, positive Tinel's and Phalen's sign of the right wrist, tenderness to palpation of the right wrist extensors with dorsal displacement of the ulna, crepitus at the distal radioulnar joint with mobilization, thenar atrophy on the right and decreased sensation of the right C6-C7 dermatomes with mildly decreased sensation of the C8 dermatome on the right. Radiographs of the right elbow taken that day revealed good radiocapitellar and humeroulnar joint space and radiographs of the right wrist revealed slight ulnar positive variance, dorsal displacement of the ulna and slight diastasis of the scapholunate interval. Cortisone injection was administered to the right wrist and electromyography-nerve conduction studies of the upper extremities were ordered. Nerve conduction study of the right upper extremity dated 09-03-2015 was normal. Subjective complaints (09-18-2015 and 10-16-2015) included moderate right wrist pain with weakness, numbness and tingling of the right hand and mild right elbow pain. Pain levels were not quantified. Objective findings on 09-18-2015 of the right elbow showed 150 degrees of

extension, zero decreases of extension, pronation of 80 degrees and supination of 80 degrees while findings of the right wrist showed flexion of 60 degrees, extension of 60 degrees, radial deviation of 10 degrees, ulnar deviation of 30 degrees and positive Tinel's and Phalen's signs. Plan of care included bracing, acupuncture and work restrictions. Objective findings on 10-16-2015 showed pain with range of motion of the right wrist. The physician noted that the worker had ongoing right wrist and elbow pain and was being recommended for a course of acupuncture to help facilitate the healing and recovery process. There was no documentation that any previous acupuncture sessions had been received. A utilization review dated 10-30-2015 non-certified a request for acupuncture therapy 2 times a week for 3 weeks right wrist, elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture therapy 2 times a week for 3 weeks right wrist, elbow: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The provider requested an acupuncture trial (x 6) for this patient and the reviewer who seems not to be familiar with the appropriate guidelines in California denied such care. In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. As the patient continued symptomatic, the acupuncture trial requested for pain management and function improvement is supported by the MTUS. The MTUS (guidelines) note that the number of acupuncture sessions to produce functional improvement is 3-6 treatments. The guidelines also states that extension of acupuncture care could be supported for medical necessity based on function improvement obtained with the trial. Therefore the request for six acupuncture sessions as a trial is within guidelines, appropriate, and medically necessary.