

Case Number:	CM15-0042648		
Date Assigned:	03/12/2015	Date of Injury:	04/01/2014
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/06/2015

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, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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 31-year-old female who reported an injury on 04/01/2014. The mechanism of injury was not stated. The current diagnoses include cervical/trapezial musculoligamentous sprain, upper thoracic sprain, left elbow lateral epicondylitis, left cubital tunnel syndrome, right elbow medial/lateral epicondylitis, bilateral wrist flexor extensor tendonitis, and probable bilateral carpal tunnel syndrome. The injured worker presented on 12/09/2014 for a follow-up evaluation. The injured worker reported increased pain in the cervical spine and upper extremities. It was noted that the injured worker had been involved in a motor vehicle accident. Previous conservative treatment includes ice/heat therapy, wrist splinting, over the counter Tylenol, over the counter anti-inflammatory medication, and fenoprofen 400 mg. Upon examination, there was a positive Spurling's test on the right with radiating symptoms, positive Tinel's sign on the right, positive cubital Tinel's sign on the left, and positive Phalen's sign on the right. Recommendations at that time included acupuncture for the cervical spine and the bilateral upper extremities twice per week for 4 weeks. There was no Request for Authorization form submitted for this review

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture two times a week for four weeks for the Cervical Spine and Bilateral Upper Extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention. The time to produce functional improvement includes 3 to 6 treatments. The current request for an initial course of acupuncture twice per week for 4 weeks would exceed guideline recommendations. Therefore, the request is not medically appropriate at this time.