

Case Number:	CM15-0050254		
Date Assigned:	03/23/2015	Date of Injury:	03/17/2010
Decision Date:	05/01/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/17/2015

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: Physical Medicine & Rehabilitation

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 48-year-old female, who sustained an industrial injury on 03/17/2010. According to the documentation provided, treatments have included medications. Currently, the injured worker complains of constant pain in her right elbow. Pain was rated 7 on a scale of 0-10. She also complained of constant pain in her bilateral right greater than left wrist that was rated 9. There were also complaints of decreased muscle mass and strength and numbness with pain and tingling. Diagnoses included bilateral carpal tunnel syndrome and right elbow medial epicondylitis. Treatment plan included acupuncture for the right wrist, right forearm and right shoulder and medications; Celebrex, Skelaxin and transdermal analgesics. The injured worker continued to be permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1 x 6 sessions for the Bilateral Wrists, Right Elbow: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: The patient presents with constant pain, rated 9/10 in her bilateral right greater than left wrist and right elbow pain rated 7/10. The request is for ACUPUNCTURE 1 X 6 SESSIONS FOR THE BILATERAL WRISTS, RIGHT ELBOW. The RFA is not provided. Patient's diagnosis included bilateral carpal tunnel syndrome and right elbow medial epicondylitis. Patient is permanent and stationary. For acupuncture, the MTUS Guidelines page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. For additional treatment, MTUS Guidelines require functional improvement as defined by Labor Code 9792.20(e), a significant improvement in ADLs, or change in work status and reduced dependence on medical treatments. The medical records provided do not show any acupuncture therapy reports or a history of acupuncture therapy. In this case, given the patient's chronic pain symptoms, a trial of acupuncture is appropriate, and the requested 6 sessions are within guidelines. The request IS medically necessary.

Unspecified Medication: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain outcomes and endpoints Page(s): 8-9.

Decision rationale: The patient presents with constant pain, rated 9/10 in her bilateral right greater than left wrist and right elbow pain rated 7/10. The request is for UNSPECIFIED MEDICATION. The RFA is not provided. Patient's diagnosis included bilateral carpal tunnel syndrome and right elbow medial epicondylitis. Patient is permanent and stationary. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. A specific guideline cannot be cited because the requested service was not described in sufficient detail. In order to select the relevant guideline, the requested service must refer to a specific treatment, including the ingredients of the requested medications. The request in this case was too generic and might conceivably refer to any number of medical conditions and guideline citations. The request is not medically necessary.