

Case Number:	CM15-0052578		
Date Assigned:	03/26/2015	Date of Injury:	11/12/2014
Decision Date:	05/01/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/19/2015

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: Arizona, California

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 31-year-old female injured worker suffered an industrial injury on 11/12/2014. The diagnoses included radial nerve tenosynovitis. The diagnostics included right elbow ultrasonography. The injured worker had been treated with medications. On 12/5/2014 and 1/14/2015 the treating provider reported tenderness at the right elbow and wrist with pain at 7/10. The treatment plan included Meds-4 IF Unit with Garment 3 month rental and Acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meds-4 IF Unit with Garment 3 month rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 6: Pain, Suffering, Restoration of Function, page 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines inferential unit Page(s): 118.

Decision rationale: According to the guidelines, an IF unit is not recommended for an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. Although it may be a consideration as a combined intervention, long-term use is not indicated. In this case, the request was for a 3 month rental. It was recommended to be used as needed without specifications on length, frequency and expected therapeutic response. The request for 3 months rental of an IF unit is not medically necessary.

Acupuncture 2x4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Functional response is expected within 3-6 sessions. In this case, the request was for 8 sessions. The acupuncture is considered an option and 8 sessions exceeds the time frame expected to see benefit. The request for 8 sessions of acupuncture is not medically necessary.