

Case Number:	CM15-0085543		
Date Assigned:	05/08/2015	Date of Injury:	09/11/2014
Decision Date:	06/30/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/05/2015

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 51 year old male, who sustained an industrial/work injury on 9/11/14. He reported initial complaints of pain and swelling in the right volar elbow with cramping in ring and small finger with numbness of the long finger of the right hand. The injured worker was diagnosed as having medial epicondylitis of right elbow, right cubital tunnel syndrome, and right biceps tendonitis. Treatment to date has included medication, physical therapy, steroid injections, and elbow padding. Electromyography and nerve conduction velocity test (EMG/NCV) was performed on 4/8/15 consistent with right cubital tunnel syndrome. Currently, the injured worker complains of numbness in the right upper extremity. Per the primary physician's progress report (PR-2) on 4/6/15, examination revealed palpable tenderness over the bilateral medial epicondyle, tenderness to palpation at the insertion of the biceps tendon, positive Tinel's over the right/left cubital tunnel, positive Tinel's and compression of the right/left carpal tunnel. The requested treatments include Acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture, 2 times per week for 3 weeks, 6 sessions: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: In reviewing the records available, it does not appear that the patient has yet undergone an acupuncture trial. As the patient continued symptomatic despite previous care (injections, physical therapy, oral medication, work modifications and self-care) 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 is within guidelines, appropriate, and medically necessary.