

Case Number:	CM14-0218746		
Date Assigned:	01/08/2015	Date of Injury:	04/25/2010
Decision Date:	03/12/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/30/2014

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, Arizona
 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 50-year-old female who reported an injury on 04/25/2010. The mechanism of injury was not stated. The current diagnoses include right elbow status post medial epicondylectomy. The injured worker presented on 10/06/2014. The progress note is handwritten and mostly illegible. Upon examination, there was tenderness to palpation with diminished sensation in the ulnar and median nerve distributions. Recommendations included acupuncture 2 times per week for 2 weeks and continuation of home exercise. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional acupuncture 2x3 for the right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines physical medicine.

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 with a frequency of 1 to 3 times per week. There was no documentation of a significant musculoskeletal deficit upon physical examination. There was no indication that this injured worker's pain medication has been reduced or has not been tolerated. The medical necessity has not been established in this case. As such, the request is not medically appropriate.

Demonstration for home exercise program for the right elbow to include kit/theraband:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Home Exercise Kit.

Decision rationale: The Official Disability Guidelines state a home exercise kit is recommended as an option where home exercise programs are recommended. According to the documentation provided, the injured worker has been participating in a home exercise program since 05/2014. It is unclear how the injured worker will benefit from the current home exercise kit. Although it is noted that the injured worker underwent a recent surgical procedure, the injured worker has participated in a postoperative course of physical therapy, where she would have received reinforcement instructions in a home exercise program. As the medical necessity has not been established, the request is not medically appropriate.