

Case Number:	CM15-0121788		
Date Assigned:	07/02/2015	Date of Injury:	04/01/2014
Decision Date:	09/02/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/23/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 36-year-old who has filed a claim for chronic elbow and wrist pain reportedly associated with an industrial injury of April 1, 2014. In a Utilization Review report dated May 28, 2015, the claims administrator failed to approve requests for 12 sessions of acupuncture and computerized range of motion testing. The claims administrator did partially approved 6 of the 12 acupuncture treatments in question. The claims administrator referenced a May 18, 2015 progress note in its determination. A variety of guidelines were invoked in the determination on acupuncture, including non-MTUS ACOEM Guidelines on acupuncture and the non-outdated, now-revived 2007 Acupuncture Medical Treatment Guidelines, which the claims administrator mislabeled as originating from the current MTUS. The applicant's attorney subsequently appealed. In a handwritten progress note dated April 16, 2015, the applicant was placed off of work, on total temporary disability. Range of motion testing and a follow-up visit were endorsed. Multiple complaints of elbow and wrist pain were reported. In a handwritten note dated May 18, 2015, the applicant again reported multifocal complaints of bilateral hand, wrist, and elbow pain. The applicant was again placed off of work, on total temporary disability. Acupuncture was endorsed. The attending provider framed the request as a first-time request for acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for 12 sessions to bilateral wrists/elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 309, acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: No, the request for 12 sessions of acupuncture for the bilateral wrist and bilateral elbows was not medically necessary, medically appropriate, or indicated here. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1a acknowledged that acupuncture may be employed for a wide variety of purposes, including in the chronic pain context present here, this recommendation is, however, qualified by commentary made in MTUS 9792.24.1.c1 to the effect that the time deemed necessary to produce functional improvement following introduction of acupuncture is "three to six treatments." Here, thus, the request for 12 initial acupuncture treatments, thus, represented treatment at a rate two to four times MTUS parameters. The attending provider failed to furnish a clear or compelling rationale for such a lengthy, protracted course of acupuncture well in excess of MTUS parameters via his handwritten, thinly developed May 18, 2015 progress note. Therefore, the request was not medically necessary.

Range of motion testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 9; 257.

Decision rationale: Similarly, the request for [computerized] range of motion testing was likewise not medically necessary, medically appropriate, or indicated here. The applicant's primary pain generators here were the bilateral wrists and bilateral elbows. The MTUS Guideline in ACOEM Chapter 10, page 9 notes that an applicant's active elbow range of motion should be assessed and that passive range of motion should be assessed in applicants in whom active is limited. Thus, the MTUS Guideline in ACOEM Chapter 10, page 9 does not establish a role for the [computerized] range of motion testing at issue here. In a similar vein, the MTUS Guideline in ACOEM Chapter 11, page 257 notes that range of motion testing of forearm, hand, and wrist should be evaluated active and passively within an applicant's limits of comfort. The MTUS Guideline in ACOEM Chapter 11 likewise does not establish a role for the more formal [computerized] range of motion testing at issue in the evaluation of applicants with forearm, hand, and wrist pain complaints, as were/are present here. The attending provider's handwritten May 18, 2015 progress note did not set forth a clear or compelling case for the computerized range of motion testing at issue in the face of the seemingly unfavorable ACOEM position(s) on the same. Little-to-no narrative commentary accompanied the RFA form. Therefore, the request was not medically necessary.

