

Case Number:	CM15-0175311		
Date Assigned:	09/16/2015	Date of Injury:	02/03/2015
Decision Date:	10/23/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/04/2015

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: Chiropractor, 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 56 year old female who sustained an injury on 2-3-15 resulting from repetitive use of the right upper extremity on the computer keyboard throughout most of each workday. She has undergone physical therapy and acupuncture. The examination on 5-28-15 she complains of pain in the right arm, shoulder and right forearm and elbow. MRI cervical spine report indicates degenerative disc disease at C3-4 through C5-6; moderate spinal stenosis worst at C5-6; right paracentral disc protrusion at C3-4 and left paracentral disc protrusion at C5-6. The physical examination reveals mild tenderness anterior aspect of the right shoulder; mild to moderate tenderness A1 pulley base of the right ring finger. Tinel's test is negative at the median ulnar nerves right wrist and ulnar nerve right elbow. Diagnoses listed are CTD of the right upper extremity and cervical spine; possible stenosing tenosynovitis right ring finger; right shoulder sprain and cervical stenosis with radiculopathy. Work status is regular work eight hours a day, four days per week. X-rays on 5-28-15 right wrist and hand reveal possible remote 5th metacarpal fracture; no acute displace fracture or dislocation. Right elbow reveals small olecranon enthesophyte; otherwise unremarkable; right shoulder reveal mild arthrosis of the right acromioclavicular joint. Electrodiagnostic study and nerve conduction test performed on 6-19-15 reveal bilateral ulnar neuropathy across the elbows - slowing of the bilateral ulnar motor nerves across the elbows; mild right median neuropathy at the wrist (carpal tunnel syndrome) and no electromyographic evidence of degenerative potentials in the upper extremity muscles. The follow up treating report on 8-3-15 indicates she has been taken off of work due to increased symptoms in her neck, right shoulder and arm. Ibuprofen helps her symptoms. There is mild

limitation of cervical spine range of motion with discomfort; mild right trapezia tenderness and full range of motion in all digits right hand, wrist, elbow and shoulder. Current requested treatments acupuncture 3 x4 weeks for right wrist, right elbow. Utilization review 8-25-15 requested treatment is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture for the right wrist and right elbow 3 times week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The patient complained of pain in the right arm, shoulder, right forearm and elbow. The Acupuncture Treatment guidelines states that acupuncture may be extended with documentation of functional improvement. The patient has had acupuncture in the past. However, there was no documentation of regarding functional improvement from prior acupuncture session. Therefore, the provider's request for 12 acupuncture session for the right wrist and elbows are not medically necessary at this time.