MAXIMUS Federal Services

Case Number:	CM15-0179532		
Date Assigned:	09/25/2015	Date of Injury:	08/22/2007
Decision Date:	10/30/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/11/2015

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:

This 58 year old male sustained an industrial injury on 8-22-07. Documentation indicated that the injured worker was receiving treatment for cubital tunnel syndrome and medial epicondylitis. Previous treatment included acupuncture, injections and medications. In a retroactive request for authorization dated 5-29-15, the physician noted that the injured worker received 52 sessions of acupuncture between 4-26-10 through 9-13-12, which gave him "substantial" pain relief and "increased" ability to do his exercise program, perform activities of daily living and minimized that amount of pain medications. In a PR-2 dated 8-18-15, the injured worker complained of a flare up of radiation of pain to the wrist in an ulnar distribution. Physical exam was remarkable for elbows with "mild to moderately" positive Tinel's at the elbow for ulnar nerve pain down the medial forearms into the fingers with mild swelling and warmth at bilateral medial epicondyles that was improved compared to the last clinic visit, "moderate" tenderness to palpation at bilateral epicondyles with "restricted" flexion and extension secondary to pain as well as "some" swelling and soreness to palpation to the forearms and upper arms that was worse than prior visits. The physician documented that electromyography and nerve conduction velocity test confirmed bilateral cubital tunnel syndrome. The physician stated that the injured worker had continued to improve using Terocin, Neurontin and Fenoprofen. The physician noted that acupuncture had helped significantly in the past to calm down flares and allowed him to progress back to independence with exercises and activities of daily living. The treatment plan included requesting authorization for 24 sessions of acupuncture and continuing current medications. On 8-24-15, Utilization Review noncertified a request for acupuncture twice a week for twelve weeks for bilateral elbows.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture: 2x/week for 12 weeks (left/right elbow): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The utilization review document of August 24, 2015 denied the treatment request for acupuncture, 12 weeks at two times per week care for management of the patient's bilateral elbows citing CA MTUS acupuncture treatment guidelines. The reviewed medical records provided evidence of prior acupuncture treatment but the number of completed sessions and what functional improvement was obtained with these visits was not provided. The medical necessity for treatment of the bilateral elbow regions, 24 sessions of acupuncture care was not found in the reviewed medical records or compliant with the prerequisites for additional treatment per CA MTUS acupuncture treatment guidelines. Therefore, the request is not medically necessary.