

Case Number:	CM15-0068289		
Date Assigned:	04/15/2015	Date of Injury:	08/28/2013
Decision Date:	05/19/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/10/2015

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: 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 sustained an industrial injury on 8/28/2013. The chiropractic note of 11/14/2014 notes the accident date to be 8/1/2013. Her diagnoses, and/or impressions, include: pain in forearm; elbow/forearm sprain/strain; wrist sprain/strain; bilateral carpal tunnel syndrome; ulnar neuropathy; cervicothoracic sprain/strain; neuritis or radiculitis; and lumbosacral sprain/strain. Recent magnetic resonance imaging studies of the right elbow were noted to have been done on 12/12/2014 and of the cervical spine on 12/30/2014. Electromyography studies and nerve conduction studies, for a date of injury 8/1/2013, were noted to have been done on 7/29/2014 & 11/21/2014. Ultrasounds of the bilateral wrists and elbows, and the upper thoracic spine were noted to have been done on 12/5/2014. Her treatments have included chiropractic treatments; acupuncture treatments; physical therapy; injection therapy; modified work duties; and medication management. The progress notes of 3/16/2015 noted complaints of persistent carpal tunnel syndrome: signs/symptoms of the right wrist, with heavy numbness/tingling of the right hand and fingers; mild carpal tunnel syndrome: signs/symptoms of the left hand; sore and tender right elbow that throbs and with numbness /tingling in the hands, and cannot sleep well; frequent dull and annoying right-sided neck ache/pain; low, right-sided back ache with possible radiculopathy; and no further dizziness. The physician's requests for treatments were noted to include post-operative care of the right elbow; pain management for the right arm radiculopathy; and request access to acupuncture for the right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extension Acupuncture 8 Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines acupuncture Page(s): 8.

Decision rationale: The 50 year old patient complains of neck pain, right elbow pain, occasional sleep disturbances, CTS signs and symptoms in the right wrist, and numbness in fingers of the right hand, as per progress report dated 03/16/15. The request is for Extension Acupuncture 8 Sessions. There is no RFA for this case, and the patient's date of injury is 08/28/13. Diagnoses, as per progress report dated 03/16/15, included pain in forearm, elbow/forearm sprain/strain, wrist sprain/strain, carpal tunnel syndrome, ulnar neuropathy, cervicothoracic sprain/strain, neuritis or radiculitis, and lumbosacral sprain/strain. The patient is status post ganglion cyst removal from the right wrist, as per progress report dated 03/02/15. The patient has been allowed to return to work with restrictions, as per progress report dated 03/16/15. For acupuncture, the MTUS Guidelines page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. For additional treatment, the MTUS Guidelines requires functional improvement as defined by Labor Code 9792.20(e) a significant improvement in ADLs, or change in work status and reduced dependence on medical treatments. The request for 8 sessions of acupuncture is noted in progress report dated 03/16/15. In the report, the treating physician states that acupuncture is an effective way to keep the pain and inflammation down versus medications or creams and helps ease the overall paraesthesias and radicular pain. Requests for 8 sessions of acupuncture are also noted in progress reports dated 01/15/15 and 12/02/14. In progress report dated 03/02/15, the physician states that the patient has undergone acupuncture in the past and did note relief of her symptoms. The physician, however, does not document objective reduction in pain or improvement in function due to prior therapy. Hence, the request for extension acupuncture sessions is not medically necessary.

Post-Op Physical Therapy Right Elbow (Unspecified Visits): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines elbow and upper arm Page(s): 15-17.

Decision rationale: The 50 year old patient complains of neck pain, right elbow pain, occasional sleep disturbances, CTS signs and symptoms in the right wrist, and numbness in fingers of the right hand, as per progress report dated 03/16/15. The request is for Post-Op Physical Therapy Right Elbow (Unspecified Visits). There is no RFA for this case, and the patient's date of injury

is 08/28/13. Diagnoses, as per progress report dated 03/16/15, included pain in forearm, elbow/forearm sprain/strain, wrist sprain/strain, carpal tunnel syndrome, ulnar neuropathy, cervicothoracic sprain/strain, neuritis or radiculitis, and lumbosacral sprain/strain. The patient is status post ganglion cyst removal from the right wrist, as per progress report dated 03/02/15. The patient has been allowed to return to work with restrictions, as per progress report dated 03/16/15. MTUS post-surgical guidelines, pages 15-17, recommend 12 sessions of physical therapy over a span of 12 weeks for patients with lateral epicondylitis surgery. The post-operative time frame is 6 months. In this case, the patient is undergoing surgery for right elbow lateral epicondylitis. The treating physician requested for post-op physical therapy and the UR authorized 6 initial sessions. The current request, however, does not include number of sessions and duration/frequency of therapy. Given the lack of relevant information, the request is not medically necessary.

Pain Management Right Arm: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 1 Consults.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, chapter 7, page 127, consult.

Decision rationale: The 50 year old patient complains of neck pain, right elbow pain, occasional sleep disturbances, CTS signs and symptoms in the right wrist, and numbness in fingers of the right hand, as per progress report dated 03/16/15. The request is for Pain Management Right Arm. There is no RFA for this case, and the patient's date of injury is 08/28/13. Diagnoses, as per progress report dated 03/16/15, included pain in forearm, elbow/forearm sprain/strain, wrist sprain/strain, carpal tunnel syndrome, ulnar neuropathy, cervicothoracic sprain/strain, neuritis or radiculitis, and lumbosacral sprain/strain. The patient is status post ganglion cyst removal from the right wrist, as per progress report dated 03/02/15. The patient has been allowed to return to work with restrictions, as per progress report dated 03/16/15. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In this case, the patient suffers from significant pain in the right upper extremity. In progress report dated 03/16/15, the primary care physician is requesting for pain management for the right arm radiculopathy. Given the patient's chronic symptoms, this request appears reasonable and is medically necessary.