

Case Number:	CM15-0071542		
Date Assigned:	04/21/2015	Date of Injury:	04/06/2013
Decision Date:	05/20/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	04/14/2015

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 42-year-old who has filed a claim for chronic shoulder, elbow, wrist, and neck pain reportedly associated with an industrial injury of April 6, 2013. In a Utilization Review report dated March 12, 2015, the claims administrator failed to approve requests for 12 sessions of acupuncture and electrodiagnostic testing of the bilateral upper extremities. Progress notes of February 18, 2015 and December 19, 2014 were referenced in the determination. The applicant's attorney subsequently appealed. On February 18, 2015, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of neck, right shoulder, and right elbow pain. The applicant reported paresthesias about the bilateral digits, it was reported. The note was quite difficult to follow and mingled historical issues with current issues. Electrodiagnostic testing of the right upper extremity was endorsed, along with 12 additional sessions of acupuncture. In some sections of the note, the attending provider stated that the applicant's paresthesias were present about the bilateral upper extremities, while other sections of the note stated that the applicant's paresthesias were confined to the right upper extremity. In a progress note dated December 19, 2014, the applicant was again placed off of work, on total temporary disability. Twelve sessions of acupuncture were endorsed. The applicant reported complaints of neck pain, right shoulder pain, and right elbow pain. The applicant's symptoms, on this date, were apparently confined to the right upper extremity. In a Medical-legal Evaluation dated October 23, 2014, the medical-legal evaluator did apparently conduct a comprehensive review of records. The medical-legal evaluator did allude

to electrodiagnostic testing of the bilateral upper extremities dated February 17, 2014 which was notable for bilateral carpal tunnel syndrome, mild.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2xwk x 6wks Qty12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: No, the request for 12 sessions of acupuncture was not medically necessary, medically appropriate, or indicated here. The request in question was framed as a renewal or extension request for acupuncture. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.d acknowledge that acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20f, in this case, however, there was no evidence of functional improvement as defined in section 9792.20f, despite receipt of earlier acupuncture in unspecified amounts over the course of the claim. The applicant was off of work, on total temporary disability, it was acknowledged on February 18, 2015. The applicant remained dependent on a variety of topical compounded agents. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f. Therefore, the request is not medically necessary.

EMG of the Left and Right upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

Decision rationale: Similarly, the request for EMG testing of the bilateral upper extremities was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 11, page 261 does acknowledge that electrodiagnostic testing may be repeated later in the course of the treatment in applicants in whom earlier testing was negative in individuals in whom symptoms persist, in this case, however, earlier testing of February 17, 2015 was, in fact, positive for bilateral carpal tunnel syndrome, seemingly obviating the need for repeat electrodiagnostic testing. Therefore, the request is not medically necessary.