

<b>Case Number:</b>	CM13-0004394		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/20/2012
<b>Decision Date:</b>	02/26/2014	<b>UR Denial Date:</b>	07/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in occupational medicine, and is licensed to practice in the state of California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 [REDACTED] employee who has filed a claim for chronic elbow pain reportedly associated with an industrial injury of July 20, 2012.

Thus far, the applicant has been treated with the following: Analgesic medications; right elbow distal biceps tendon repair surgery on February 1, 2013; unspecified amounts of physical therapy over the life of the claim; and work restrictions.

In a utilization review report of July 17, 2013, the claims administrator denied a request for physical therapy and acupuncture on the grounds that it has not been clearly documented how much prior physical therapy the applicant has had. No clear rationale for the acupuncture denial was proffered. The applicant subsequently appealed, on July 24, 2013.

An earlier progress note of June 17, 2013 is notable for comments that the applicant is not working. It is stated that the applicant is awaiting authorization for an acupuncture trial. Pain, swelling, and a well-healed anterior incision line are appreciated about the elbow with tenderness noted about the distal bicipital tendon. A 5/5 bilateral upper motor strength is appreciated with 140 degrees of elbow motion bilaterally. The applicant is given a rather proscriptive 5-pound lifting limitation and asked to pursue six sessions of acupuncture on a trial basis. All information suggests that this is an initial request for acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight additional sessions of physical therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Medical Treatment Guidelines Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** While MTUS 9792.24.3 does support a general course of 24 sessions of postoperative physical therapy following biceps tendon repair surgery over postsurgical physical medicine treatment period of six months, in this case, however, the attending provider and applicant did not clearly state how much prior physical therapy the applicant had had before additional treatment was sought on June 17, 2013. Contrary to what was stated by the claims administrator, however, the applicant was still within this six-month postsurgical physical medicine treatment period on the date of the utilization review report of July 17, 2013, having undergone prior surgery on February 1, 2013. Nevertheless, the applicant's response to prior treatment had not been clearly detailed. It was not clearly stated how much prior treatment the applicant had had. It was unclear why a rather proscriptive 5-pound lifting limitation remained in place if the applicant was possessing full elbow range of motion and 5/5 elbow strength. What information on file does suggest that the applicant had not effected functional improvement at least in terms of return to work following completion of prior unspecified amounts of physical therapy. Continuing eight additional sessions of treatment without documentation of what previous treatments had transpired was not indicated. Therefore, the request is not certified.

**Initial six-session course of acupuncture:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** As noted in MTUS 9792.24.1.a.1, acupuncture can be employed for a variety of purposes, including for pain control, to hasten functional recovery, as an adjunct to physical rehabilitation, and/or as an adjunct to surgical intervention. MTUS 9792.24.c.1 states that the time deemed necessary to produce functional improvement following introduction of acupuncture is three to six treatments. The treatment course being sought here was a first-time request for acupuncture. This was indicated. Therefore, the original utilization review decision is overturned. The request is certified.