

Case Number:	CM13-0012689		
Date Assigned:	09/26/2013	Date of Injury:	01/01/2012
Decision Date:	02/04/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/16/2013

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 Internal Medicine, Pulmonary Diseases and is licensed to practice in 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 patient is a 34-year-old female who reported an injury on 01/01/2012. The mechanism of injury was not provided. The patient was noted to have undergone 12 sessions of acupuncture, the physical examination was illegible. The request was made for continued acupuncture, continued use of Fexmid, and extra corporeal shockwave treatment to the lateral elbow. The patient's diagnoses were noted to include cervical spine spasm, myofascial strain bilateral shoulders, parascapular; myofascial strain, bilateral tenosynovitis, medial/lateral epicondylitis and bilateral carpal tunnel syndrome per the application for independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued acupuncture: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion,

decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The time to produce functional improvement is 3 - 6 treatments and Acupuncture treatments may be extended if functional improvement is documented including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The clinical documentation submitted for review indicated the patient had 24 sessions of acupuncture therapy. However, it failed to provide documentation of the patient's functional improvement. Given the lack of documentation, the request for continued acupuncture, unknown number of sessions is not medically necessary

Continued use of Fexmid: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fexmid, Cyclobenzaprine Page(s): 41.

Decision rationale: CA MTUS states that Cyclobenzaprine (Flexeril®) is recommended for a short course of therapy. Flexeril is more effective than placebo in the management of back pain; however, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Therefore, treatment should be brief. The clinical documentation submitted for review failed to provide the efficacy of the requested medication, and it failed to provide exceptional factors to warrant ongoing treatment as the medication is noted to be used for short-term use. Additionally, there was a lack of a legible physical examination to support the request. Given the above, the request for continued use of Fexmid is not medically necessary.

Extracorporeal shockwave treatment to the left lateral elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Procedure Summary-Elbow

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Chapter, Extracorporeal Shock Wave Therapy, online version

Decision rationale: Official Disability Guidelines do not recommend extra corporeal shockwave therapy for the elbow; however, if the decision is made to use the treatment despite the lack of convincing evidence, the qualifications are patients whose pain from lateral epicondylitis has remained despite 6 months of standard treatment, who has tried at least 3 conservative treatments including rest, ice, NSAIDs, orthotics, physical therapy, and injections, and it is noted that there is a maximum of 3 therapy sessions over 3 weeks. The clinical documentation failed to provide the dates of service, efficacy, and duration of conservative treatments, and failed to provide the number of sessions being requested. Given the above, the request for extra corporeal shockwave treatment to the left lateral elbow is not medically necessary.