

Case Number:	CM13-0025031		
Date Assigned:	11/20/2013	Date of Injury:	02/06/2009
Decision Date:	01/23/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/16/2013

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 Physical Medicine and Rehabilitation; Sports Medicine, and is licensed to practice in New York and Texas. 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 60 year old male who reported an injury 02/06/2009. The mechanism of injury is noted to be from repetitive performance of job duties. He is reported to have received physical therapy, chiropractic care, acupuncture, multiple electrotherapeutic modalities, as well as an unspecified elbow surgery with minimal benefit. MRI of the right elbow showed inflammation of the common extensor tendon and an Electromyography (EMG) and cervical MRI were conclusive of a low grade cervical stenosis secondary to degenerative disc disease. He continues to experience on-going pain in the right upper extremity. His current diagnoses as of 06/20/2013 include right shoulder rotator cuff tendinitis and right radial nerve compressive neuropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture with cupping, needling and infrared lamp: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-TWC

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Guidelines recommend acupuncture as an adjunct to a physical rehabilitation program with 3-6 sessions to produce effect. Guidelines state that treatment can be extended, provided the documentation of functional improvement is present.

The medical records indicate that the patient has received recent or is currently receiving acupuncture therapy. However, there is no documentation identifying the efficacy of these treatments including a measured increase in functional ability or a decrease in pain levels, as evidenced by the use of a VAS scale. Therefore, the request for acupuncture with cupping, needling, and infrared lamp is non-certified.

Trigger point injections, right shoulder and right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Trigger Point Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: According to the California MTUS Guidelines, trigger point injections are recommended for treatment of myofascial pain syndrome. Criteria that must be met in order to indicate a need for an injection include but are not limited to, documentation of a twitch response when palpating a specific trigger point area; the persistence of symptoms for greater than three months; evidence that other therapies have failed to control pain; radiculopathy is not present; no more than 3-4 injections per session; and relief of greater than 50% for at least 6 weeks. The medical records submitted for review did not have evidence of a thorough objective physical examination. There was also no documentation in regard to the efficacy of past trigger point injections. It is also noted that the patient is finding some relief from acupuncture and chiropractic treatment, although it is not specified how much. Without this documentation, the medical necessity of the requested service is unable to be determined. Therefore, the request for trigger point injections, right shoulder and right elbow is non-certified.