

Case Number:	CM13-0031683		
Date Assigned:	03/17/2014	Date of Injury:	04/01/2011
Decision Date:	04/23/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	10/03/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 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/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:

This is a patient with a date of injury of 4/1/11. A utilization review determination dated 9/6/13 recommends non-certification of therapy: acupuncture, electro-acupuncture, therapeutic activities, and myofascial release/soft tissue mobilization. This report notes that the patient has had 12 acupuncture treatments to date. 7/1/13 medical report identifies less pain in the left elbow following the cortisone injection but pain has returned slightly in the right elbow. Acupuncture was helping. On exam, there is full ROM with residual slight tenderness over the right elbow. Recommendations include transdermal pain creams, cortisone injection, and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE TWO (2) TIMES A WEEK FOR THREE (3) WEEKS FOR THE LEFT ELBOW: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain, with additional use supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in

activities of daily living or a Final Determination Letter for IMR Case Number [REDACTED] 3 reduction in work restriction and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, there is documentation that acupuncture was helping, but functional improvement as defined above was not clearly documented. In light of the above issues, the currently requested acupuncture is not medically necessary.

ELECTRO ACUPUNCTURE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Regarding the request for electro acupuncture, California MTUS does support the use of acupuncture for chronic pain, with additional use supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, there is documentation that acupuncture was helping, but functional improvement as defined above was not clearly documented. In light of the above issues, the currently requested electro acupuncture is not medically necessary.

THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USE OF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

Decision rationale: Regarding the request for therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes, California MTUS notes that there are no quality studies available for interventions such as soft tissue mobilization for lateral epicondylalgia and benefits have not been shown. These options are moderately costly, have few side effects, and are not invasive. Thus, there is no recommendation for them. They similarly do not give a recommendation for similar treatments such as manipulation, massage, etc. In light of the above issues, the currently requested therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes is not medically necessary.

MYOFASCIAL RELEASE/SOFT TISSUE MOBILIZE 1 / MORE REGIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

Decision rationale: Regarding the request for myofascial release/soft tissue mobilize, California MTUS notes that there are no quality studies available for interventions such as soft tissue mobilization for lateral epicondylalgia and benefits have not been shown. These options are moderately costly, have few side effects, and are not invasive. Thus, there is no recommendation for them. They similarly do not give a recommendation for similar treatments such as manipulation, massage, etc. In light of the above issues, the currently requested myofascial release/soft tissue mobilize is not medically necessary.