

<b>Case Number:</b>	CM13-0069988		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	06/01/2011
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	12/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2013

### 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 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:

The injured worker is a 50 year old male who reported an injury on 06/01/2011 due to work related activity that involved carrying some jacks and developed bilateral pain in elbows. On the clinical notes dated 11/15/2013, the injured worker complained of bilateral shoulder pain and right elbow pain with 4/10 pain scale. The injured worker is status post right elbow surgery times 2. Upon physical exam, the injured worker demonstrated pain on full extension and decrease range of motion. A magnetic resonance imaging (MRI) done on 09/23/2013 showed thickening of the epicondylar conjoined tendon consistent with lateral epicondylitis and magnetic susceptibility artifact consistent with prior surgical repair. No other significant findings were documented. An x-ray of the right elbow dated 09/11/2013 stated unremarkable plain film views of the elbow. The treatment plan included physical therapy 2 times per week for 6 weeks, acupuncture 2 times per week for 6 weeks, an arthrogram of the right elbow and orthopedic consult for right elbow.

### 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 SIX (6) WEEKS FOR THE RIGHT ELBOW:** Upheld

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

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

**Decision rationale:** The California Acupuncture Medical Treatment Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The time given to produce functional improvement is 3 to 6 treatments. The clinical notes dated 11/15/2013 did not show documentation of current medications or conservative treatment failure. Also, the request for 12 treatments exceeds the recommended amount. Therefore, the request for acupuncture twice a week for 6 weeks for the right elbow is not medically necessary and appropriate.

**PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR SIX (6) WEEKS FOR THE RIGHT ELBOW:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The recommended treatment frequency is 9-10 visits over 8 weeks. The clinical notes dated 11/15/2013 did not show documentation of measurable strength, function or range of motion. There is also no documentation of conservative care. The request for 12 sessions also exceeds the recommended amount. Therefore, the request for physical therapy twice a week for 6 weeks for the right elbow is not medically necessary and appropriate.