

Case Number:	CM13-0072439		
Date Assigned:	01/03/2014	Date of Injury:	02/03/2005
Decision Date:	09/30/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/31/2013

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 Chiropractics, has a subspecialty in Acupuncture and is licensed to practice in New York. 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:

Upon review of the medical records provided the applicant was a 49 year old female who was involved in an industrial injury that occurred on February 3, 2005 while employed by the ██████████ Sheriff's Department. There was no documented information on the mechanism of injury. Thus far, treatment has consisted of medications which were indicated as being helpful in performing activities of daily living and relief of symptoms, activity modification, and H-wave therapy. The applicant is retired and considered permanent and stationary. Home health assistant was requested due to the applicant having extreme difficulty in performing physical activities such as house cleaning due to her right upper extremity condition. Upon review of the utilization review report dated 12/10/13 the reviewer indicated that upon review of a 10/18/13 progress note acupuncture treatment was received. There was no indication as the clinical response to the treatment received. A diagnosis was given as: biceps tendinitis of the shoulder, lateral epicondylitis of the right elbow, right wrist sprain, cervical musculoligamentous sprain, chronic pain syndrome. Upon review of primary treating physicians PR-2 re-evaluation report dated 1/6/14 the applicant presented with continued pain in the right upper extremity. The right upper extremity pain travels down the back and down to the right lower extremity to the knee. Pain was described as severe. There were continued complaints of headaches; there is numbness and tingling for the right hand with radiating pain in both upper extremities and weakness of both wrists. Examination findings revealed bilateral shoulder flexion and abduction to 80 degrees of motion, generalized tenderness of the upper extremities bilaterally; bilateral elbows range of motion was 0-130 degrees with palpable tenderness and bilateral wrists revealed tenderness and effusion, flexion and extension ranges of motion measured 50 degrees. Motor and reflexes were normal of the upper extremities; decreased sensation was noted to the right hand. Treatment plan consisted of the use of medications, health assistance, H-wave therapy, wrist braces, urine

toxicology testing. Upon review of a claims examiners report whom reviewed various office notes the applicant continues to have pain and spasm in the bilateral shoulders, upper extremities with stiffness that increase with cold weather. There is difficulty with activities of daily living. There are continued headaches, numbness and tingling in the right hand with radiating pain and weakness in the bilateral upper extremities. Physical examination revealed tenderness of the bilateral shoulders and spasm, flexion and abduction to 90 degrees, there bilateral elbow and wrist tenderness, decreased right hand sensation. In a utilization report dated 12/10/13 the reviewer determined the decision for 12 acupuncture treatments to the shoulder, elbow, wrist and neck and a H wave unit purchase were non-certified. The reviewer indicated that the medical reports did not clearly establish objective and measured functional gains, improvement with activities of daily living or discussions regarding return to work. There was no evidence of failure of TENS trial to warrant the necessity for an H-wave stimulation unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACUPUNCTURE X12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The applicant was a 49 year old female who was involved in an industrial injury that occurred on February 3, 2005 while employed by the █████ Sheriff's Department. There was no documented information on the mechanism of injury. applicant continues to have pain and spasm in the bilateral shoulders, upper extremities with stiffness that increase with cold weather. There is difficulty with activities of daily living. There is continued headaches, numbness and tingling in the right hand with radiating pain and weakness in the bilateral upper extremities. Physical examination revealed tenderness of the bilateral shoulders and spasm, flexion and abduction to 90 degrees, there bilateral elbow and wrist tenderness, decreased right hand sensation. As noted in the CA MTUS 9792.24.1 acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20. In this particular case the applicant based upon review of records, continued subjective complaints and the lack of clinical objective functional improvement, the proposed request for 12 acupuncture treatment is not medically necessary or appropriate. The applicant is not working, there is no improvement in the activities of daily living, health assistance has been requested, the subjective complaints and objective findings continue to remain unchanged. The utilization reviewer documented that prior acupuncture treatment was received on this applicant. It is unknown how many treatment sessions and the response to the treatment received. 12 requested acupuncture sessions are in excess of the recommended 3 to 6 sessions that are considered adequate to produce functional improvement as sanctioned in the MTUS ACOEM Acupuncture Guidelines

H WAVE UNIT PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave Stimulation (HWT) Page(s): 117-118.

Decision rationale: The applicant was a 49 year old female who was involved in an industrial injury that occurred on February 3, 2005 while employed by the █████ Sheriff's Department. There was no documented information on the mechanism of injury. applicant continues to have pain and spasm in the bilateral shoulders, upper extremities with stiffness that increase with cold weather. There is difficulty with activities of daily living. There is continued headaches, numbness and tingling in the right hand with radiating pain and weakness in the bilateral upper extremities. Physical examination revealed tenderness of the bilateral shoulders and spasm, flexion and abduction to 90 degrees, there bilateral elbow and wrist tenderness, decreased right hand sensation. H-wave therapy purchase was requested. The CA MTUS guidelines regarding H-wave unit purchase indicate that H-wave is not recommended except as a fourth-line treatment, following failure of analgesics, PT and TENS, records do not show evidence of failure of TENS trial which is a prerequisite to H-Wave. The records do show that medications have provided in being helpful in performing activities of daily living and relief of symptoms. H-wave unit purchase is not medically necessary and appropriate.