MAXIMUS Federal Services

| Case Number: | CM14-0105913 | | |
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| Date Assigned: | 07/30/2014 | Date of Injury: | 08/28/2012 |
| Decision Date: | 09/09/2014 | UR Denial Date: | 06/16/2014 |
| Priority: | Standard | Application Received: | 07/09/2014 |

## 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 Interventional Spine 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 patient is a 48 years old female with an injury date on 08/28/2012. Based on the 05/16/2014 progress report provided by [redacted], the diagnoses are: 1. Right lateral epicondylitis. According to this report, the patient complains of intermittent moderate sharp right elbow pain with numbness and tingling, associated with repetitive movement, with pain at a 5/10. Tenderness to palpation was noted at the right lateral epicondyle. Cozen's test causes pain. The 02/26/2014 report indicates negative Tinel's sign and normal range of motion of the right elbow. Exam finding of the left elbow were all negative and normal. The patient returned to work with no lifting more than 10-15 lbs. There were no other significant findings noted on this report. [redacted] is requesting: 1. Physical therapy 2 sessions 2. Acupuncture 2 sessions 3. MRI right elbow 14. EMG of left upper extremities 15. NCV of left upper extremity 16. Ten unit right elbow 1the utilization review denied the request on 06/16/2014. [redacted] the requesting provider and he provided treatment reports from 2/26/2014 to 05/16/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy qty 2.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** According to the 05/16/2014 report by [redacted] this patient presents with of intermittent moderate sharp right elbow pain. The treater is requesting 2 sessions of physical therapy. The utilization review denied letter states "it is unclear if prior physical therapy has been performed. It is also unclear if there was benefit from any prior therapy." For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of available reports show the patient has had 10 sessions of therapy from 05/08/2014 to 06/12/2014. Given that the current request is from 5/16/14 report, it is not known what this request for 2 sessions is all about. The treater does not explain the reason for two short sessions of therapy request. There were no discussions regarding the patient's progress on any of the reports. The treater does not discuss what is to be achieved with additional therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. In addition, the patient has normal ROM of the right elbow. Given the lack of the treater's discussion regarding the request, the request is not medically necessary.

**Acupuncture qty 2.00:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 48,Acupuncture Treatment Guidelines.

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

**Decision rationale:** According to the 05/16/2014 report by [redacted] this patient presents with of intermittent moderate sharp right elbow pain. The treater is requesting 2 sessions of acupuncture. The utilization review denied letter states "it is unclear if prior physical therapy has been performed. It is also unclear if there was benefit from any prior therapy." For acupuncture, MTUS Guidelines page 8 recommends acupuncture for pain suffering and restoration of function. Recommended frequency and duration is 3 to 6 treatments to produce functional improvement, 1 to 2 times per year, with optimal duration of 1 to 2 months. Review of the reports does not show any prior acupuncture reports and it is not known whether or not the patient has had acupuncture in the past. The requested 2 sessions appear reasonable as MTUS allows up to 3-6 sessions of trial. The request is medically necessary.

**MRI right elbow qty 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 601-602.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for imaging -- Magnetic resonance imaging (MRI).

**Decision rationale:** According to the 05/16/2014 report by [redacted] this patient presents with of intermittent moderate sharp right elbow pain. The treater is requesting MRI of the right elbow. The patient recently underwent a MRI on 01/28/2014. Regarding MRI, ODG guidelines states "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology." Review of the reports from 2/26/2014 to 05/16/2014 shows no discussion as to why the patient needs a repeat MRI of the right elbow when there no progression of neurologic deficit and no new injury. In this case, the request for a repeat MRI is not in accordance with ODG guidelines. The request is not medically necessary.

**EMG of left upper extremities qty 1.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** According to the 05/16/2014 report by [redacted] this patient presents with of intermittent moderate sharp right elbow pain. The treater is requesting an EMG of left upper extremity. The utilization review denied letter states "the left upper extremity does not appear to be symptomatic." Regarding electrodiagnostic studies, the ACOEM supports it for upper extremities to differentiate CTS vs. radiculopathy and other conditions. An EMG study would be reasonable but this patient does not present with any radiating symptoms into the left hand or the arm. Pain is mostly at the right elbow. There are no clinical suspicions for peripheral neuropathy, CTS or radiculopathy. The request is not medically necessary.

**NCV of left upper extremities qty 1.00:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** According to the 05/16/2014 report by [redacted] this patient presents with of intermittent moderate sharp right elbow pain. The treater is requesting an NCV of left upper extremity. The utilization review denied letter states "the left upper extremity does not appear to be symptomatic." Regarding electrodiagnostic studies, the ACOEM supports it for upper extremities to differentiate CTS vs. radiculopathy and other conditions. An NCV study would be reasonable but this patient does not present with any radiating symptoms into the left hand or the arm. Pain is mostly at the right elbow. There are no clinical suspicions for peripheral neuropathy, CTS or radiculopathy. The request is not medically necessary.

**TENS unit right elbow qty 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENs Page(s): 114-121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

**Decision rationale:** According to the 05/16/2014 report by [redacted] this patient presents with of intermittent moderate sharp right elbow pain. The treater is requesting TENs unit for home use to control pain in the right elbow. The utilization review denied letter states "TENS units are of questionable efficacy in treatment." Regarding TENs units, the MTUS guidelines state "not recommended as a primary treatment modality, but a one-month home-based unit trial may be considered as a noninvasive conservative option" and may be appropriate for neuropathic pain. The guidelines further state a "rental would be preferred over purchase during this trial." Review of the medical records from 2/26/2014 to 05/16/2014 does not indicate the patient has neuropathic pain. Furthermore, there is no evidence that the patient has had a successful trial of one-month home use. The requested TENs unit for home use is not in accordance with MTUS guidelines. The request is not medically necessary.