

Case Number:	CM14-0129744		
Date Assigned:	08/20/2014	Date of Injury:	04/25/2014
Decision Date:	09/24/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/14/2014

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, Pain Medicine and is licensed to practice in Ohio 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 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 39-year-old female who reported an injury on 04/25/2014. While restraining a child at school she injured her right arm. Diagnoses were right shoulder parascapular sprain/strain with contusion, rule out impairment syndrome, right elbow sprain/strain with contusion, right wrist sprain/strain with contusion, rule out loose body, lumbar musculoligamentous sprain/strain, with right sacroiliac joint pain, psychiatric complaints of stress, anxiety, and depression, and cervical/trapezius musculoligamentous sprain/strain. Past treatments were chiropractic treatments and acupuncture. Diagnostic studies were not reported. Surgical history was cesarean section. Physical examination on 07/01/2014 revealed the patient reported that she had begun 3/6 acupuncture visit. It was reported that it was beneficial as a trial with pain level reduced with the treatment from 6/10 down to a 2/10 for 4 to 6 hours and allowed her to use her right elbow with better range of motion and less overall pain. Examination revealed tenderness to palpation over the right medial and lateral epicondyle regions. Active range of motion of the right elbow for flexion was to 136 degrees, extension was to 0 degrees. Examination of the right shoulder revealed a positive shoulder depression test. Cross arm test was positive eliciting pain. Impingement test was positive. There was pain in the right triceps. Range of motion of the right shoulder was measured for flexion to 128 degrees, extension was to 26 degrees, abduction was to 121 degrees, adduction was to 22 degrees, internal rotation was to 68 degrees, and external rotation was to 71 degrees. There was pain in all ranges of motion. Examination of the right wrist revealed diffuse slight swelling. There was crepitus with active range of motion. Flexion was to 48 degrees, extension was to 51 degrees. The patient reported daily neck pain and muscle spasms and mild occasional pain, however, with turning neck occasionally. The injured worker reported limited range of motion with sharp shooting pain down the right upper extremity. She reported that driving provoked neck pain along with

radiating symptoms that only has occurred for 4 to 6 weeks. Medications were not reported. Treatment plan was for a TENS unit, quick draw belt for the lumbar spine, and ultrasound studies of the right wrist and right shoulder. The rationale and request for authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions of acupuncture to the neck, right shoulder, right elbow and right wrist with infra lamp, medical supply and kinesio tape: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Acupuncture Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for 6 Sessions of acupuncture to the neck, right shoulder, right elbow and right wrist with infra lamp, medical supply and kinesio tape is not medically necessary. The California Medical Treatment Utilization Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The time to produce functional improvement is 3 to 6 treatments and acupuncture treatments may be extended if functional improvement is documented including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. On physical examination of 07/01/2014, the injured worker stated she benefited from a trial of acupuncture. It brought the pain level down from a 6/10 to 2/10 for 4 to 6 hours. Then it stated that the injured worker reported daily neck pain and muscle spasms with mild occasional pain, while turning the neck, limited range of motion with sharp shooting pain. Also, the injured worker's medications were not reported. Functional improvement was not reported from the previous acupuncture sessions. Therefore, the request is not medically necessary.

1 Prescription of fexmid 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (flexeril, amrix, fexmid).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41,64.

Decision rationale: The request for 1 Prescription of fexmid 7.5mg #60 is not medically necessary. The California Medical Treatment Utilization Schedule states that cyclobenzaprine (Flexeril) is recommended for a short course of therapy. Flexeril is more effective than placebo

in the management of back pain, however, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. This medication is not recommended to be used for longer than 2 to 3 weeks. The efficacy of this medication was not reported. Also, the request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.

1 TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

Decision rationale: The request for 1 TENS unit is not medically necessary. The California Medical Treatment Utilization Schedule states a 1 month trial of a TENS unit is recommended if it is used as an adjunct to a program of evidence based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least 3 months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. The injured worker has other conservative care modalities yet to be instituted. There was no documentation from physical therapy for the use of a TENS unit of having functional improvement or having failed. Medications were not reported. The use of a TENS unit is not medically necessary at this time. Therefore, the request is not medically necessary.

1 Quick draw belt for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The request for 1 Quick draw belt for the lumbar spine is not medically necessary. ACOEM Guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond acute phase of symptom relief. Additionally, continued use of back braces could lead to deconditioning of the spinal muscles. The medical guidelines do not support the use of back braces. Therefore, the request is not medically necessary.

1 diagnostic ultrasound of the right wrist and right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist and hand, Ultrasound (diagnostic).

Decision rationale: The request for 1 diagnostic ultrasound of the right wrist and right shoulder is medically necessary. The Official Disability Guidelines state diagnostic ultrasound is recommended. Ultrasonography is a dynamic process and is accurate in detecting tendon injuries. The ulnar nerve is also easily visualized. Due to the recommendations by the medical guidelines, this request is medically necessary.