

<b>Case Number:</b>	CM14-0145102		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	03/22/2010
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 Pain Medicine 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 3/22/10. A utilization review determination dated 8/21/14 recommends non-certification of Therabands and acupuncture. 6/18/14 medical report identifies that acupuncture has been utilized in the past (did not help) as well as 8 sessions of occupational therapy and 30 sessions of physical therapy. There is right wrist pain, lateral elbow pain, aching in the shoulder, hand swelling, and numbness about once a week. On exam, there is positive Neer test, tenderness, pain with resisted wrist extension, Tinel's sign positive at the elbows, positive Phalen's and Finkelstein's at the right wrist, 4/5 strength wrist extensors right and hand intrinsic right. Abductor pollicis brevis 5-/5 bilaterally. Sensation is decreased in median nerve distributions bilaterally. 4/29/14 medical report identifies right wrist swelling and restricted ROM with tenderness. It recommends Therabands and acupuncture. Prior reports note recommendations for acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Therabands (red, black, and green): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Durable medical equipment (DME)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47.

**Decision rationale:** Regarding the request for Therabands, the California MTUS do support the use of exercise, but there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. Within the documentation available for review, there is no indication that the patient has failed an independent program of home exercise without specialized equipment, as these programs are typically designed without the need for such equipment. Additionally, there is no rationale identifying the medical necessity of specialized equipment in this case. In the absence of such documentation, the currently requested Therabands are not medically necessary.

**Acupuncture to the right upper limb, twice per week for three weeks:** 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. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is 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, the patient has a longstanding injury and the records suggest the use of prior acupuncture, but there is no indication of any functional improvement from prior treatment as outlined above. In the absence of such documentation, the currently requested acupuncture is not medically necessary.