

Case Number:	CM14-0154789		
Date Assigned:	09/24/2014	Date of Injury:	06/08/2009
Decision Date:	12/12/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/22/2014

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 and is licensed to practice in Louisiana. 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 42 year old female who was injured on 06/08/2009. The mechanism of injury is unknown. Many of the notes that have been submitted for review are difficult to read. On note dated 07/10/2014, the patient presented with right elbow and right wrist complaints. The patient has a diagnosis of DeQuervain's tenosynovitis and right lateral epicondylitis. The patient was recommended for acupuncture 2x3 to increase range of motion and function. According to the UR, the patient was seen on 08/18/2014, which is not available for review, noted the patient was recommended for a 30 day trial of an IF stimulator. There have been no updated reports provided documenting functional improvement from the IF unit. Prior utilization review dated 09/03/2014 states the request for Acupuncture; six (6) visits (2x3) is denied as there is no documented evidence of functional benefit; Interferential stimulator; one to two (1-2) month rental and purchase of interferential stimulator and necessary supplies for long term use is modified to certify a 30 day home trial to allow for documented evidence of its benefits; and Conductive garment elbow sleeve and glove is denied as there is documented evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture; six (6) visits (2x3): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow, Acupuncture

Decision rationale: According to CA MTUS guidelines and Official Disability Guidelines, Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used in adjunct to physical therapy and/or surgical intervention to hasten functional recovery. The guidelines require evidence of objective functional gains to justify additional acupuncture sessions beyond an initial trial of 3 to 6 treatment. In this case, documentation indicated a trial of 6 sessions; however, there is no documentation of objective functional benefit or pain relief to support the necessity of additional acupuncture treatment. Therefore, this request is not medically necessary.

Interferential stimulator; one to two (1-2) month rental; purchase of interferential stimulator and necessary supplies for long term use: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: The Chronic Pain Medical Treatment Guidelines, interferential therapy is "not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone." Further guidelines indicate that the use of interferential therapy as a trial is supported when pain is ineffectively controlled by medications, history of substance abuse, and unresponsive to conservative measures. In the case, the medical necessity for its use is established with documentation of multiple failed conservative treatment options and continues to have pain and functional limitations. However, there is no documentation of 1-month trial to support the necessity of an interferential stimulator for 1-2 month rental and then purchase of interferential stimulator with necessary supplies for long term use. Therefore, this request is not medically necessary.

Conductive garment elbow sleeve and glove: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, a conductive garment elbow sleeve and glove should not be certified until after the one-month trial and only with documentation that the individual cannot apply the stimulation pads alone or with the help

of another available person. In this case, there is no documentation of a 1-month trial or the individual being unable to apply the pads alone or with the help of another person. Therefore, this request is not medically necessary.