

Case Number:	CM14-0029166		
Date Assigned:	06/20/2014	Date of Injury:	11/01/2011
Decision Date:	10/09/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/07/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 56-year-old female with an 11/1/11 date of injury. At the time (12/4/13) of the request for authorization for acupuncture 8 right and left upper extremity; 3 injections, trigger point injections to the right trap using ultrasound x 4; and magnetic resonance image of the left elbow, there is documentation of subjective (improvement of left lateral epicondyle with acupuncture) and objective (positive left lateral epicondyle tenderness, positive bilateral wrist tenderness, decreased sensation bilateral wrist, decreased range of motion of bilateral wrist, decreased grip strength) findings. The current diagnoses are myofascial pain syndrome, repetitive strain injury left and right upper extremity, and chronic left lateral epicondylitis. The treatment to date includes medication, acupuncture, and trigger point injections on 11/14/13. Regarding 8 treatments of acupuncture to the right and left upper extremities, the number of acupuncture sessions completed to date cannot be determined. In addition, there is no documentation of functional improvement with acupuncture completed to date. Regarding trigger point injections to the right trap using ultrasound x 4, there is no documentation of greater than 50% pain relief is obtained for six weeks after an injection, documented evidence of functional improvement, and injections not at an interval less than two months. Regarding magnetic resonance image of the left elbow, there is no documentation of non-diagnostic plain films.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 treatments of Acupuncture to the right and left upper extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS Acupuncture Medical Treatment Guidelines identifies that acupuncture may be used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery, 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. In addition, MTUS Acupuncture Medical Treatment Guidelines allow the use of acupuncture for musculoskeletal conditions for a frequency and duration of treatment as follows: Time to produce functional improvement of 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. Within the medical information available for review, there is documentation of diagnoses of myofascial pain syndrome, repetitive strain injury left and right upper extremity, and chronic left lateral epicondylitis. In addition, there is documentation of treatment with previous acupuncture. However, the number of acupuncture sessions completed to date cannot be determined. In addition, there is no documentation of functional improvement with acupuncture completed to date. Therefore, based on guidelines and a review of the evidence, the request for 8 treatments of acupuncture to the right and left upper extremities is not medically necessary.

Magnetic resonance image (MRI) of the left elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 242. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, Magnetic resonance imaging (MRI)

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentation of suspected ulnar collateral ligaments tears, as criteria necessary to support the medical necessity of elbow MRI. The Official Disability Guidelines identifies documentation of chronic elbow pain (suspect intra-articular osteocartilaginous body; suspect occult injury; suspect unstable osteochondral injury; suspect nerve entrapment or mass; suspect chronic epicondylitis; suspect collateral ligament tear; suspect biceps tendon tear and/or bursitis) and plain films non-diagnostic, as criteria necessary to support the medical necessity of elbow MRI. Within the medical information available for review, there is documentation of diagnoses of myofascial pain syndrome, repetitive strain injury left and right upper extremity, and chronic left lateral epicondylitis. In addition, there is documentation of chronic epicondylitis. However, there is no documentation of non-diagnostic plain films. Therefore, based on guidelines and a review of the evidence, the request for magnetic resonance image of the left elbow is not medically necessary.

