

<b>Case Number:</b>	CM14-0032655		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	07/12/2013
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 Occupational 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:

The applicant is a represented 44-year-old who has filed a claim for chronic low back, shoulder, elbow, and neck pain reportedly associated with an industrial injury of July 12, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated February 20, 2014, the claims administrator denied a request for 12 sessions of functional restoration for the elbow, denied a request for 12 sessions of acupuncture for the elbow, denied a request for range of motion strength testing about the elbow, denied a request for topical Exoten lotion, denied a TENS unit, denied continuous heating device/continuous cooling device, and denied a pneumatic compression device. The applicant's attorney subsequently appealed. In a progress note dated May 21, 2014, the applicant was placed off of work, on total temporary disability. Chiropractic manipulative therapy, a functional capacity evaluation, and a home exercise kit were sought at that point in time. The applicant was complaining of elbow, shoulder, wrist, forearm, and elbow pain with associated psychological stress, it was stated. In a progress note dated January 20, 2014, the applicant presented with persistent complaints of upper back pain, lower back pain, wrist pain, elbow pain, and forearm pain. A pain management consultation, 12 sessions of chiropractic manipulative therapy, and 12 sessions of acupuncture were sought, along with extracorporeal shock wave therapy and electrodiagnostic testing. The attending provider later sought authorization for a functional restoration program for the elbow, acupuncture, range of motion strength testing, Exoten lotion, a TENS unit, hot and cold wrap, and VasuTherm DVT compression device via a handwritten request for authorization form without much in the way of supporting rationale.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture for the right elbow only, 2 times per week for 6 weeks:** Upheld

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

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

**Decision rationale:** The 12-session course of acupuncture proposed here, in and of itself, represents treatment in excess of the three- to six-session course deemed necessary to produce functional improvement, per MTUS 9792.24.1.c.1. In this case, the attending provider has not proffered any compelling applicant-specific rationale, narrative, or commentary which would support a course of acupuncture two to four times MTUS parameters. Therefore, the request is not medically necessary.

**Exoten-C pain relief lotion:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Pain Chapter, Saliylate Topicals.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Postsurgical Treatment Guidelines Page(s): 111.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental topical agents such as Exoten. The attending provider has not furnished any compelling applicant-specific information, narrative, commentary, or medical evidence which would offset the unfavorable MTUS recommendations. Therefore, the request is not medically necessary.

**Functional restoration program, 2 times per week for 6 weeks, for right elbow only:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs) topic Page(s): 32.

**Decision rationale:** As noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, some of the criteria for pursuit of a functional restoration program or chronic pain program include evidence that an applicant has had an adequate and thorough precursor

evaluation, evidence that previous methods of treating chronic pain have been unsuccessful, evidence that there is an absence of other options likely to result in significant clinical improvement, and/or evidence that an applicant is motivated to change and/or willing to forgo disability payments to effect said change. In this case, however, the applicant is off of work, on total temporary disability. There is no evidence that the applicant is willing to forgo indemnity payments to improve. There is no evidence that the applicant has had an adequate and thorough precursor evaluation. There is no evidence that there is, in fact, an absence of other options likely to result in improvement here. Therefore, the request is not medically necessary.

**Hold/cold pack/ wrap or thermo combo unit, for the right elbow only, unknown if rental or purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 41.

**Decision rationale:** While the MTUS-adopted ACOEM Guidelines in Chapter 10, Table 4, page 41 do recommend at-home applications of heat and cold packs for comfort purposes, in this case, however, the attending provider is seeking authorization for a high-tech heating and cooling device. The proposed thermal combination unit being proposed here does seemingly represent some form of elaborate device intended to deliver cryotherapy and/or heat therapy. This is not indicated, particularly when ACOEM notes that at-home applications of heat and cold packs are an appropriate comfort or palliative method. Therefore, the request is not medically necessary.

**Range of Motion (ROM) for the right elbow only:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 9.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 10, page 9, a focussed elbow evaluation should include assessment of active range of motion and/or passive range of motion in applicants in whom range of motion is limited. Thus, the range of motion testing is part and partial of an attending provider's usual and customary evaluation. There is no support in ACOEM for what appears to be computerized or more formal range of motion testing being proposed here. Therefore, the request is not medically necessary.

**Muscle strength testing for the right elbow only:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 10.

**Decision rationale:** While the MTUS-adopted ACOEM Guidelines in Chapter 10, page 10 do acknowledge that muscle strength testing is "often helpful," muscle strength testing is, per ACOEM, deemed part and parcel of the attending provider's usual and customary evaluation. There is no support in ACOEM for the more elaborate, computerized range of motion testing seemingly being proposed here as opposed to manual muscle strength testing, which is recommended by ACOEM. Therefore, the request is not medically necessary.

**TENS unit for the right elbow only, know if rental purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulator (TENS) Page(s): 114.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 41.

**Decision rationale:** Based on the product description, the VascuTherm4 device represents a means of delivering cold therapy, compression therapy, heat therapy, and/or DVT prophylaxis therapy. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 10, Table 4, page 41, however, at-home applications of hot and cold packs are recommended for comfort purposes. There is no support in ACOEM, then, for the more elaborate high-tech VascuTherm4 device for delivering hot and cold therapy. No compelling rationale, narrative commentary, or medical progress note was attached to the request for authorization so as to offset the unfavorable ACOEM recommendation. No clear rationale for usage of the device in question was provided. Therefore, the request is not medically necessary.

**Vascutherm 4 DVT system for right elbow only, unknown if rental or purchase:** 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), Treatment Index, 12th Edition (web), 2014, Forearm, Wrist, and Hand, Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 41.

**Decision rationale:** Based on the product description, the VascuTherm4 device represents a means of delivering cold therapy, compression therapy, heat therapy, and/or DVT prophylaxis therapy. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 10, Table 4, page 41, however, at-home applications of hot and cold packs are recommended for comfort purposes. There is no support in ACOEM, then, for the more elaborate high-tech VascuTherm4 device for delivering hot and cold therapy. No compelling rationale, narrative commentary, or medical progress note was attached to the request for authorization so as to offset the unfavorable

ACOEM recommendation. No clear rationale for usage of the device in question was provided. Therefore, the request is not medically necessary.