

Case Number:	CM14-0098660		
Date Assigned:	09/16/2014	Date of Injury:	08/31/2011
Decision Date:	11/24/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/26/2014

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 Montana. 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 stocker at a retail store with a date of injury of 8/31/11. The injury has resulted and complaints of right elbow, hand and shoulder pain. Apparently physical therapy and acupuncture have been used in the past with some benefit. No treatment notes for acupuncture are provided. She was seen on 4/23/14 for continued treatment related to this injury. She apparently did have 8 initial physical therapy visits with no physical therapy records provided and no documentation of functional improvement related to those visits. She has a diagnosis of right elbow lateral epicondylitis. The primary treating physician has requested acupuncture for the right elbow, 8 units, 1-2 times a week for 4 weeks and physical therapy to the right elbow, 12 units, 3 times per week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture to the right elbow 8 units 1-2 X 4: Upheld

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

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

Decision rationale: The MTUS does address acupuncture in 9792.24.1. Acupuncture Medical Treatment Guidelines. (a) As used in this section, the following definitions apply: (1) "Acupuncture" is 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. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. 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. (2) "Acupuncture with electrical stimulation" is the use of electrical current (micro- amperage or milli-amperage) on the needles at the acupuncture site. It is used to increase effectiveness of the needles by continuous stimulation of the acupoint. Physiological effects (depending on location and settings) can include endorphin release for pain relief, reduction of inflammation, increased blood circulation, analgesia through interruption of pain stimulus, and muscle relaxation. It is indicated to treat chronic pain conditions, radiating pain along a nerve pathway, muscle spasm, inflammation, scar tissue pain, and pain located in multiple sites. (b) Application (1) These guidelines apply to acupuncture or acupuncture with electrical stimulation when referenced in the clinical topic medical treatment guidelines in the series of sections commencing with 9792.23.1 et seq., or in the chronic pain medical treatment guidelines contained in section 9792.24.2. (c) Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(ef). (e) It is beyond the scope of the Acupuncture Medical Treatment Guidelines to state the precautions, limitations, contraindications or adverse events resulting from acupuncture or acupuncture with electrical stimulations. These decisions are left up to the acupuncturist. The ACOEM Elbow guidelines do recommend acupuncture for epicondylalgia with insufficient evidence. In this case there is no evidence that acupuncture has previously been utilized for the right lateral epicondylitis condition. It is expected that functional improvement would be evident within 3-6 treatments. With documentation of functional improvement additional treatments could be requested. The request for acupuncture for 8 treatments is not medically necessary.

Physical Therapy to the right elbow 12 units 3x4: 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 Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow, Physical therapy

Decision rationale: The MTUS recommended physical therapy as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling,

pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. The ODG guidelines recommend physical therapy with limited evidence. As with any treatment, if there is no improvement after 2-3 weeks the protocol may be modified or re-evaluated. ODG physical therapy guidelines for lateral epicondylitis/tennis elbow (ICD9 [REDACTED]) recommend physical therapy treatment for 8 visits over 5 weeks. In general the recommendations for physical therapy allow for limited use with transition to home therapy programs. The medical records show that physical therapy was requested initially on 4/23/14. The treatment note on 5/29/14 request continued physical therapy for 12 visits. The note does not document any functional improvement or attempt to transition to a home exercise program. No physical therapy notes are provided. The request for 12 visits exceeds the recommendations in the ODG guidelines. The request for the physical therapy to the right elbow, 12 units, 3 times a week for 4 weeks, is not medically necessary.