

<b>Case Number:</b>	CM14-0099752		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	02/29/2004
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 Illinois. 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 39-year-old woman has a date of injury on Feb 29, 2004 when she tripped and fell over a machine and had left arm pain and swelling up to the shoulder with left arm and left hand pain. When she resumed her lifting activities at work, she had a flare-up of left arm pain. She had had a left elbow arthroscopy for left elbow lateral epicondylitis, with deep debridement and irrigation, synovectomy and left elbow release. She had extensive physical therapy after the surgery. In 2009, she had an evaluation and her diagnoses included status post left arthroscopic debridement and left elbow release, left adhesive capsulitis, tardy ulnar nerve syndrome of the left elbow, mild-to-moderate mixed carpal tunnel syndrome on the right, left carpal tunnel syndrome, history of learning impairment, moderate depression and anxiety. On May 15, 2014, she complained of neck pain on the right radiating to the shoulders and forearm, left hand tingling and numbness, left arm and shoulder weakness with locking, and pain at the volar aspect of the left wrist. She had left arm tenderness and swelling on exam, with left metacarpophalangeal tenderness.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Initial Functional Capacity Evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines chapter 7.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for duty, functional capacity evaluation.

**Decision rationale:** An Initial functional capacity evaluation is not medically necessary. The injured worker does not meet the criteria required for a functional capacity evaluation, which include unsuccessful attempts to return to work, medication that is in conflict with a modified job, or need for exploration of a workers abilities. In this case, the injured worker has returned to work and a functional capacity evaluation is not medically necessary and appropriate.

**Gaba Keto Lido topical cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** Guidelines do not support use of a formulation where at least one of the ingredients is not recommended. In this instance, only the ingredient lidocaine is supported but in a dermal patch form, not a cream, and only after a trial of first line oral therapy has failed to control pain. The request is not medically necessary and appropriate.

**12 acupuncture visits for the left shoulder, elbow , wrist, and hand:** Overturned

**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) Pain (chronic), Acupuncture.

**Decision rationale:** An initial trial of 3-4 visits over 2 weeks of acupuncture is recommended for lateral epicondyle pain. With evidence of reduced pain, medication use and objective functional improvement, a total of up to 8-12 visits over 4-6 weeks is supported. These are recommendations supported by peer reviewed, evidence-based guidelines. The request is medically necessary and appropriate.

**1 X-ray of the left shoulder, left elbow and left wrist:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Forearm, Wrist, & Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, CRPS, diagnostic tests.

**Decision rationale:** Plain radiographs should be routinely ordered for patients with chronic shoulder pain, including anteroposterior, scapular Y, and axillary views. Radiographs of the acromioclavicular joint can be difficult to interpret because osteoarthritis of this joint is common by the age of 40 to 50 years. Indications for imaging -- Plain radiographs:- Acute shoulder trauma, rule out fracture or dislocation- Acute shoulder trauma, questionable bursitis, blood calcium (Ca+)/approximately 3 months duration, first study X-ray of the shoulder is supported by the guidelines for chronic shoulder pain. The request is medically necessary and appropriate.