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| Case Number: | CM14-0186150 | | |
| Date Assigned: | 11/13/2014 | Date of Injury: | 09/01/2000 |
| Decision Date: | 02/09/2015 | UR Denial Date: | 10/08/2014 |
| Priority: | Standard | Application Received: | 11/07/2014 |

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 Acupuncture & Pain 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:

60y/o female injured worker with date of injury 9/1/00 with related low back pain. Per note dated 9/26/14, the injured worker presented with complaint of pain in bilateral shoulders and bilateral wrist. Per physical exam, there was tenderness to palpation with painful range of motion noted about the left shoulder. There was slightly decreased strength in the left side compared to the right side. Tenderness to palpation was noted about the bilateral wrists. There was positive Phalen's on the right side. Treatment to date has included physical therapy, electro-acupuncture, and medication management. The date of UR decision was 10/8/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electro-acupuncture to the right lateral epicondylitis for six sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Occupational Medicine Practice Guidelines

Decision rationale: Per the Occupational Medicine Practice Guidelines, which is part of the MTUS, Acupuncture is recommended for the treatment of epicondylgia. However the latest

documentation submitted for review does not contain findings of elbow pain, only bilateral wrist and shoulder pain. As the treatment is not indicated, the request is not medically necessary.

Infrared heat to the right wrist for six sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Heat Therapy

Decision rationale: The MTUS is silent on the use of infrared heat. Per the ODG guidelines, home application of moist heat is recommended, but not infrared heat therapy. No rationale was provided as to why infrared heat treatment was necessary over a heating pad or moist heat at home. The request is not medically necessary.

Myofascial release to the right wrist for six sessions: 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 Massage Therapy Page(s): 60.

Decision rationale: The MTUS and ODG are silent on the use of myofascial release. The request provides no rationale for the requested treatment, nor any description of what specifically myofascial release would entail. Per MTUS, massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. As wrist pain is distinct from diffuse musculoskeletal pain, the request is not medically necessary.