

<b>Case Number:</b>	CM14-0192016		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	11/21/2013
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 patient is a 59 year old female with a history of a left elbow and wrist injury secondary to a work injury dated 11/21/13. The injury occurred when she was lifting a fry basket to empty it. The diagnoses include carpal tunnel syndrome, sprain of the elbow/forearm/wrist and lateral epicondylitis. Under consideration are requests for physical therapy times 4, left elbow and left wrist; acupuncture 8 sessions to the left elbow and left wrist; ESWT, Left elbow and left wrist. X-rays dated 3/20/14 of the elbow and wrist were negative for fracture or subluxations. 9/4/14 MRI of the left wrist revealed median nerve neuritis which may be associated with carpal tunnel syndrome; extensor carpi radialis longus and brevis tenosynovitis; radioscapoid joint effusion; pisotriquetral synovial cyst. 9/4/14 left elbow MRI revealed extensor tendinosis or lateral epicondylitis. The patient has had treatment in the form of a left elbow lateral epicondylectomy, lateral elbow steroid injections, bracing, medication management including oral steroids. A 5/29/14 progress report indicates that the patient is a more than 6 months status post onset of left elbow lateral epicondylectomy with treatment of injections, bracing, Prednisone and still has tenderness at the lateral elbow and deQuervain's stenosing tenosynovitis at the left wrist. The patient has not complained of wrist pain, but it is the lateral elbow. The patient states that she has not been able to do any kind of work despite being released to modified work. A 3/20/14 progress note physical exam reveals swelling at the first left extensor compartment of the wrist. There is a minimally positive Finkelstein Test with the left elbow revealing moderate swelling at the lateral epicondylar area and it is tender to palpation with increased tenderness with gripping and resisting dorsiflexion of the left wrist at the lateral elbow.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy times 4, left elbow and left wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines.

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

**Decision rationale:** Physical Therapy times 4, left elbow and left wrist is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation indicates that the patient has had prior therapy. Without evidence of functional improvement and objective measurable improvement from prior therapy sessions as well as the amount of prior therapy additional therapy cannot be certified. Therefore, the request for physical therapy times 4, left elbow and left wrist are not medically necessary.

**Acupuncture 8 sessions to the left elbow and left wrist:** Upheld

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

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

**Decision rationale:** Acupuncture 8 sessions to the left elbow and left wrist is not medically necessary per the MTUS Acupuncture Medical Treatment Guidelines. The MTUS Acupuncture Medical Treatment Guidelines recommend that the time to produce functional improvements is 3-6 treatments and acupuncture treatments may be extended if functional improvement is documented. The request as written would exceed the recommended number of visits of acupuncture. Additionally, the documentation indicates that the patient has had prior acupuncture. It is unclear of the efficacy from this prior acupuncture. Without clear indication of the amount of prior acupuncture and the efficacy, additional acupuncture is not indicated or medically necessary.

**ESWT, Left elbow and left wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 29.

**Decision rationale:** ESWT, left elbow and left wrist are not medically necessary. The MTUS states that quality studies are available on extracorporeal shockwave therapy in acute, subacute, and chronic lateralepicondylalgia patients and benefits have not been shown. This option is moderately costly, has some short-term side effects, and is not invasive. Thus, there is a recommendation against using extracorporeal shockwave therapy. The request for ESWT left elbow and wrist is not medically necessary.