

<b>Case Number:</b>	CM14-0202275		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	12/07/2012
<b>Decision Date:</b>	02/03/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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 Physical Medicine Rehab, has a subspecialty in Interventional spine 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 patient is a 36 year old female with an injury date of 12/07/12. Based on the 11/07/14 progress report, the patient complains of right elbow and right wrist pain. There is pain to palpation lateral epicondyle and the right wrist has painful flexion. The diagnoses are:1. 05/03/13 Right wrist strain (resolved)2. 05/03/13 Right epicondylitis, medial3. 09/10/13 Right bursitis shoulder per QME4. 03/13/14 Right steroid reaction flare (resolved)The treatment plan is for acupuncture of eight sessions for right elbow and right wrist and Pennsaid four times per day to area of pain. Based on the 06/18/14 report, the patient has right elbow stiffness, difficult to lift right shoulder, and has right arm muscle tenderness. Treatment plan shows, the patient has had 6 sessions of treatment between 03/21/14-06/16/14 on the right elbow, arm, and right shoulder, and reports that each treatment helped to reduce pain for 40% and felt better to move. The treating physician is requesting for Acupuncture 2x4 for the right elbow and right wrist and Pennsaid 2% solution to apply four times daily dated 11/14/14. The utilization review determination being challenged is dated 11/20/14. The requesting physician provided treatment reports from 05/03/13-12/05/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2x4 for the right elbow and right wrist:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204,Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines [http://www.dir.ca.gov/dwc/DWCPropRegs/MedicalTreatmentUtilizationSchedule/MTUS\\_FinalCleanCopy.do](http://www.dir.ca.gov/dwc/DWCPropRegs/MedicalTreatmentUtilizationSchedule/MTUS_FinalCleanCopy.do).

**Decision rationale:** This patient presents with the right elbow and right wrist pain. The request is for Acupuncture 2 x 4 for the right elbow and right wrist. MTUS support acupuncture, and allows 1-3 times per week for 1-2 months and additional treatments if functional improvement has been demonstrated. Functional Improvement is defined in labor code 9792.20(e) as follows: "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment. According to utilization review letter, the patient has had 12 acupuncture sessions in 2013 and 6 sessions in 2014. Per 12/20/13 report, the treating physician noted that each therapy has helped to reduce pain about 40% and the patient is using less medication. The report dated 6/18/14 also stated improvement following 2014 acupuncture sessions with 40% reduction and better ability to move. Given the support from MTUS, additional 8 sessions of acupuncture as requested would appear reasonable. Therefore, this request is medically necessary.

**Pennsaid 2% solution to apply four times daily:** 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.

**Decision rationale:** This patient presents with right elbow and right wrist pain. The request is for Pennsaid 2% solution to apply four times daily. Pennsaid contains Diclofenac NSAID. The review of reports provided, do not show prior documentation of this topical being used. MTUS guidelines on topical analgesics page 111 (chronic pain section) states the following: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. For topical NSAIDs, it is only recommended for peripheral joint arthritis/tendinitis problems. In this case, the treating physician does not provide any discussion regarding this medication and what it is to be used for along with what expectations are to be met with use of the medication. There is no mention of how other medications are adequate or inadequate in managing the patient's wrist/elbow problems. Therefore, this request is not medically necessary.