

<b>Case Number:</b>	CM14-0202353		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	09/23/2014
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/14/2014
<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. 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: New Jersey  
 Certification(s)/Specialty: Family Practice

### 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 worker is a 44 year old male who was injured on 9/23/14 involving his right shoulder, right arm, right elbow, right wrist, right hand, and right fingers. He was diagnosed with carpal tunnel syndrome, testicular pain, and right epicondylitis. He was treated with physical therapy, acupuncture, psychotherapy, and NSAIDs. On 11/4/14, the worker was seen by his primary treating provider, reporting continual bilateral wrist pain with weakness, right elbow pain. He also reported previously reported testicular pain was decreased. They discussed the results of the recent EMG findings, which showed signs of moderate left and mild right carpal tunnel syndrome. Pt was scheduled for a urology follow-up appointment to discuss his testicular pain. He was then recommended urology consult, psychiatrist follow-up, muscle testing, physical therapy, and acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow up with the urologist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), p. 127.

**Decision rationale:** The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted if a diagnosis is uncertain, or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. In the case of this worker he had seen the urologist regarding his testicular pain, but there was no report of this visit or visits found in the documentation provided for review to help decide if further follow-up was medically necessary. Based on the progress note at the time of this request, however, the testicular pain was documented as being reduced (not quantified). Therefore, based on the above two reasons, the follow-up with the urologist will be considered medically unnecessary.

**Motor strength test:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 7-11, 257-258.

**Decision rationale:** The MTUS ACOEM Guidelines state that physical examination of the wrist and elbow is a standard part of initial assessment and follow-up after elbow or wrist-related injuries, and may include motor strength testing (manual). Any mechanical method of using motor testing is not necessary in the setting of an appropriately skilled clinician. In the case of this worker, non-manual methods of motor testing were employed and also requested to be repeated, however, this is not medically necessary, and will not likely lead to better outcomes in this case.

**Medication management with physician:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 6, page 115

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), 127.

**Decision rationale:** The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted if a diagnosis is uncertain, or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a

consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. In the case of this worker, there was no explanation found in the request or progress notes revealed the reasoning for referral to a physician for medication management. No medications were listed as being taken regularly. Without evidence of prescription medications being taken and required to maintain function, which was not included in the notes provided for review, the physician medication management request will be considered medically unnecessary.

**Acupuncture, 1 time a week for 4-6 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Acupuncture

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

**Decision rationale:** The MTUS Acupuncture Guidelines state acupuncture may be used as an adjunct therapy modality to physical rehabilitation or surgical intervention to hasten recovery and to reduce pain, inflammation, increase blood flow, increase range of motion, decrease the side effects of medication induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Acupuncture is allowed as a trial over 3-6 treatments and 1-3 times per week up to 1-2 months in duration with documentation of functional and pain improvement. Extension is also allowed beyond these limits if functional improvement is documented. In the case of this worker, there was acupuncture used prior to this request, however, it was not clear in the documentation as to how many were completed, and more importantly, how the previous sessions had affected the worker's overall function and pain levels, which was not documented in the notes. Therefore, continuation of the acupuncture cannot be justified, and will be considered medically unnecessary.

**Physiotherapy, 2 times a week for 4-6 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): (s) 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical medicine

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

**Decision rationale:** Physical therapy in the form of passive therapy for the arm or wrist is recommended by the MTUS Guidelines as an option for chronic pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for myositis/myalgia pain and 8-10 sessions over 4 weeks for neuralgia/neuritis. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. In the case of this

worker, there was physical therapy used prior to this request, however, it was not clear in the documentation as to how many sessions were completed, and more importantly, how the previous sessions had affected the worker's overall function and pain levels, which was not documented in the notes. Also, there was no indication that the worker was unable to perform home exercises. Therefore, continuation of the physical therapy cannot be justified, and will be considered medically unnecessary.