

<b>Case Number:</b>	CM14-0209224		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	11/29/2013
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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 Internal 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:

The injured worker (IW) is a 61-year-old woman with a date of injury of November 29, 2013. The mechanism of injury was a fall. The injured worker's working diagnosis is left epicondylitis, resolving. According to the initial pain management consultation dated May 29, 2014, the IW reports that the localized pain is slowly resolving. The provider suggests the IW try an anti-inflammatory cream to be used on the area twice a day. The subsequent notes in the medical record by the primary treating physician are all handwritten, largely illegible, and incomplete. In a progress note dated September 10, 2014, the subjective portion of the note consisted check boxes that the IW filled out. The IW reported no new numbness or tingling. She reports pain in the left elbow. The physical examination findings indicated light touch sensation to the left index tip, left small tip, and left dorsal thumb web are intact. The treatment plan includes physical therapy (PT) to the left elbow 2 times a week for 6 weeks, and EMG to the left upper extremity. An entry in the same note states, "therapy is helping her by increasing her mobility", indicating the IW was currently receiving treatment. There were no PT notes in the medical record. There is no evidence of objective functional improvement with prior PT. There was no mention of any other therapy modalities. It is unclear as to how many PT sessions the IW has had to date. There was no mention of acupuncture anywhere in the medical record. The current request is for EMG left upper extremity, PT 2 times a week for 6 weeks to the left elbow, and acupuncture 2 times a week for 6 weeks to the left elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG Left upper extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 170, 177 and 269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute and Chronic) Nerve conduction studies (NCS) and Electromyography (EMG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck Section, EMG

**Decision rationale:** Pursuant to the Official Disability Guidelines, EMG left upper extremity is not medically necessary. While cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm brachial plexus abnormality or some other problem other than cervical radiculopathy, but these studies can result in unnecessary overtreatment. Nerve conduction studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative. In this case, the injured worker's working diagnoses from a progress note dated May 29, 2014 is left epicondylitis (resolving). The discussion section states the patient indicates the localized pain is slowly resolving on its own. The treating physician recommended and anti-inflammatory cream. Subsequent progress notes are handwritten, incomplete and largely illegible. There is no evidence of radiculopathy or other symptoms presenting an issue requiring EMG nerve conduction studies. The diagnosis in a November 6, 2014 progress note states left upper extremity pain, however a physical examination was not performed and the subjective complaints are illegible. Consequently, absent legible clinical documentation to support an EMG and the lack of symptoms and physical findings that warrant an EMG, EMG left upper extremity is not medically necessary.

**Physical Therapy 2 times a week times 6 weeks for the left elbow: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98 and 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 and 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Section, Physical Therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times a week times six weeks of left elbow is not medically necessary. Patient should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guidelines, exceptional factors should be noted. In this case, the injured worker's working diagnoses from a progress note dated May 29, 2014 is left epicondylitis (resolving). The discussion section states

the patient indicates the localized pain is slowly resolving on its own. The treating physician recommended and anti-inflammatory cream. Subsequent progress notes or handwritten, incomplete and largely illegible. The diagnosis in a November 6, 2014 progress note states left upper extremity pain, however a physical examination was not performed and the subject of complaints are illegible. The documentation indicates the injured worker received physical therapy two times a week for six weeks. There is no documentation with physical therapy notes or evidence of objective functional improvement. There are no exceptional factors noted in the medical record to warrant additional physical therapy. Consequently, absent clinical documentation to support additional physical therapy along with the absence of objective functional improvement with prior physical therapy, physical therapy 2 times a week times 6 weeks of the left elbow is not medically necessary.

**Acupuncture 2 times a week for 6 weeks for the left elbow:** Upheld

**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); Elbow Section, Acupuncture.

**Decision rationale:** Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, acupuncture two times a week for six weeks to the left elbow is not medically necessary. The Official Disability Guidelines enumerate frequency and duration for acupuncture. Initial treatment of 3 to 4 visits over two weeks. With evidence of reduced pain, medication use and objective functional improvement total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. In this case, the injured worker's working diagnoses from a progress note dated May 29, 2014 is left epicondylitis (resolving). The discussion section states the patient indicates the localized pain is slowly resolving on its own. The treating physician recommended and anti-inflammatory cream. Subsequent progress notes or handwritten, incomplete and largely illegible. The documentation does not show any prior acupuncture treatment. The documentation does not contain clinical indications or rationale for acupuncture. Additionally, the requesting physician ordered acupuncture two times a week for six weeks to the left elbow. The guidelines recommend an initial trial of 3 to 4 visits over two weeks. However, as noted above, there is no clinical indication rationale that can be located in the medical record indicating acupuncture is warranted. Consequently, absent clinical documentation to support the performance of acupuncture two times per week for six weeks, a clinical indication and clinical rationale, acupuncture two times a week for six weeks of the left elbow is not medically necessary.