

Case Number:	CM14-0057370		
Date Assigned:	07/09/2014	Date of Injury:	10/07/2013
Decision Date:	04/08/2015	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/28/2014

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of October 7, 2013. In a Utilization Review Report dated April 4, 2014, the claims administrator failed to approve request for six sessions of acupuncture, multimodality transcutaneous electrotherapy device, and diagnostic ultrasound testing of the elbows. An RFA form received on April 7, 2014 was referenced in the determination. The applicant's attorney subsequently appealed. In a handwritten note dated March 28, 2014, difficult to follow, not entirely legible, the applicant was apparently placed off of work, on total temporary disability, it was stated in one section of the note. The applicant had alleged multifocal pain complaints secondary to cumulative trauma at work. Another section of the note stated that the applicant had retired. Ongoing complaints of wrist and elbow pain were evident. Acupuncture, physical therapy, and a multimodality transcutaneous electrical device were proposed. It was suggested that the applicant was no longer using medications. Large portions of the progress note were extremely difficult and not altogether legible. 7-8/10 multifocal pain complaints were evident. It was suggested (but not clearly stated) that the applicant was having issues with elbow epicondylitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture X 6 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: No, the request for six sessions of acupuncture was not medically necessary, medically appropriate, or indicated here. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.d acknowledge that acupuncture treatment may be extended if there is evidence of functional improvement as defined section 9792.20f, in this case, however, there was/is no clear or compelling evidence of functional improvement as defined in section 9792.20f. The applicant was off of work, either seemingly the result of age-related retirement or the result of imposition of permanent work restrictions. 7-8/10 pain complaints were evident. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of earlier unspecified amounts of acupuncture. Therefore, the request was not medically necessary.

OrthoStim 4 unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Galvanic Stimulation Neuromuscular electrical stimulation (NMES devices) Page(s): 117; 121.

Decision rationale: Similarly, the request of an OrthoStim4 modality transcutaneous electrical therapy device was likewise not medically necessary, medically appropriate, or indicated here. The OrthoStim device, per the product description, is an amalgam of several different transcutaneous electrical therapy modalities, including high voltage pulse current stimulation (AKA galvanic stimulation) and neuromuscular electrical stimulation. However, page 117 of the MTUS Chronic Pain Medical Treatment Guidelines notes that galvanic stimulation, one of the modalities in the device, is not recommended in the chronic pain context present here and considered investigational for all purposes. Similarly, page 121 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that neuromuscular electrical stimulation is also not recommended in the chronic pain context and should, rather, be reserved for the post stroke rehabilitative context. The request, thus, as written, runs counter to MTUS principles and parameters. Therefore, the request was not medically necessary.

Diagnostic ultrasound bilateral elbows: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM V.3 Elbow (2013) General Summary of

Recommendations Diagnostic ultrasound is seldom necessary. However, it may be helpful in select cases involving biceps tendinosis, severe strains, or refractory epicondylalgia.

Decision rationale: Finally, the request for diagnostic ultrasound testing of the elbows was likewise not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 10 does not address the topic of diagnostic ultrasound testing for the elbows. The Third Edition ACOEM Guidelines Elbow Chapter notes that diagnostic ultrasound testing is seldom necessary but may be helpful in select cases involving biceps tendonosis, severe strains or refractory epicondylalgia. Here, the attending provider's handwritten progress note did not set forth a clear or compelling applicant-specific rationale for diagnostic ultrasound testing of the elbows in the face of the tepid ACOEM position on the same. The attending provider did not state why ultrasound testing the elbows was being ordered when the applicant seemingly carried an established diagnosis of bilateral elbow epicondylitis. Therefore, the request was not medically necessary.