

Case Number:	CM15-0007806		
Date Assigned:	01/26/2015	Date of Injury:	08/23/2005
Decision Date:	03/17/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/14/2015

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, Michigan, California
 Certification(s)/Specialty: Neurology, 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 injured worker is a 56 year old male, who sustained an industrial injury on 8/23/2005. The injured worker has complaints of left elbow that radiated and left thumb and wrist pain. He was positive for joint pain, muscle spasms and sore muscles. The objective findings noted there was tenderness to palpation in the lateral epicondylitis. There was positive Tinel's "coreus" and positive bent elbow. He had no active trigger of thumb. There were some illegible notes submitted for review. According to the utilization review performed on 1/5/2015, the requested acupuncture 2 x 3 for left wrist and thumb; infra lamp 2 x 3 for left wrist and thumb; neuromuscular movement re-education 2 x 3 for left wrist and thumb and kinesio tape has been non-certified. CA MTUS guidelines for acupuncture or acupuncture with electrical stimulation must have presenting complaints were used in the utilization review decision. The documentation noted that due to lack of documentation the request for kinesio tape was denied. The documentation noted that in the utilization review there were some illegible notes in the medical reports submitted, therefore the request for acupuncture with infra lamp, twice weekly for 3 weeks, left wrist/thumb per 12/17/14 form was not medically necessary or appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2 x 3 for left wrist and thumb: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to MTUS guidelines, Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Furthermore and according to MTUS guidelines, Acupuncture with electrical stimulation is the use of electrical current (microamperage or milli-amperage) on the needles at the acupuncture site. It is used to increase effectiveness of the needles by continuous stimulation of the acupoint. Physiological effects (depending on location and settings) can include endorphin release for pain relief, reduction of inflammation, increased blood circulation, analgesia through interruption of pain stimulus, and muscle relaxation. It is indicated to treat chronic pain conditions, radiating pain along a nerve pathway, muscle spasm, inflammation, scar tissue pain, and pain located in multiple sites. The patient developed chronic left upper extremity including the wrist and thumb. However there is no documentation of recent musculoskeletal disorders. If a musculoskeletal disorders is documented the requested for 6 sessions of acupuncture is not needed without proof of efficacy of the first sessions. She is a candidate for treatment with acupuncture. Therefore, the request for Acupuncture 2 x 3 for left wrist and thumb is not medically necessary.

Kinesio tape: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Kinesio tape (KT)

Decision rationale: According to ODG guidelines, Kinesio tape (KT) not recommended. Utilization of KT for decreasing pain intensity or disability for patients with suspected shoulder tendonitis/impingement is not supported. (Thelen, 2008) Tape is commonly used as an adjunct for treatment and prevention of musculoskeletal injuries. A majority of tape applications that are reported in the literature involve nonstretch tape. The KT method has gained significant popularity in recent years, but there is a paucity of evidence on its use. The suppliers make claims of neuromuscular re-education. Kinesio tape (KT) is not recommended in elbow disorders and there lack of controlled studies supporting its benefit in elbow disease. Therefore, the request for Kinesio tape is not medically necessary.

