

Case Number:	CM15-0102015		
Date Assigned:	06/04/2015	Date of Injury:	05/14/2013
Decision Date:	07/02/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	05/27/2015

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: Arizona, California
 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 injured worker is a 38 year old female, who sustained an industrial injury on 5/14/2013. She reported injury of the right arm, wrist elbow, and shoulder after a motor vehicle accident. The injured worker was diagnosed as having biceps tendinitis, lateral epicondylitis. Treatment to date has included medications, extracorporeal shockwave treatment, restricted duty work, ice, rest, physical therapy, cortisone injection, acupuncture, and splinting. The request is for infrared acupuncture and Capsaisin patches for the right elbow, one month trial of prime dual neurotransmitter, follow up in 4-6 weeks, and ortho consultation. On 2/2/2015, she complained of 4/10 pain. She described her pain to the right shoulder as sharp, burning, and swelling with associated numbness, tingling, and locking, catching and decreased range of motion. She reported that 28 sessions of physical therapy was helpful. On 2/12/2015, complained of continued right shoulder and right elbow pain. She rated the pain as 4/10, and denied radiating pain to the hands. Impingement and Hawkins Kennedy testing are positive, range of motion for the right elbow is unrestricted, and no tenderness is noted to the elbow. The treatment plan included: home exercises, Motrin, magnetic resonance imaging of the right elbow and right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Infrared Acupuncture 15 mins and Capsaicin Patch 2x4 Right Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 19, Chronic Pain Treatment Guidelines Page(s): 28.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the 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 time for functional improvement is 4-6 sessions." According to the guidelines, Capsacin is recommended in doses under .025%. An increase over this amount has not been shown to be beneficial. In this case, the dose of Capsaxi was not specified. In addition, the length of acupuncture and Capacin exceeded the amount recommended by the guidelines. The request for acupuncture and Capsacin as above is not medically necessary.

One month trial of prime dual neurotransmitter: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. The request for a TENS unit is not medically necessary.