

Case Number:	CM15-0137478		
Date Assigned:	07/27/2015	Date of Injury:	11/22/2013
Decision Date:	08/31/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/15/2015

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: Texas, 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 46 year old female, who sustained an industrial injury on 11/22/13. She has reported initial complaints of hand and wrist pain with numbness and tingling due to overuse being a massage therapist. The diagnoses have included bilateral tendonitis wrist/hands and arms, repetitive stress injury rule out left lateral epicondylitis, rule out left upper extremity entrapment neuropathy, remote possibility of left thoracic outlet syndrome, and chronic pain syndrome. Treatment to date has included medications, activity modifications, 12 sessions of physical therapy to date, diagnostics, hand specialist, and injections. Currently, as per the physician progress note dated 6/9/15, the injured worker complains of cervical spine pain that radiates to the bilateral upper extremities, bilateral elbow and wrist pain, gastritis, insomnia and depression. The diagnostic testing that was performed included cervical spine X-ray revealed spondylosis and hand x-rays with normal findings. The current medications included Tramadol. The physical exam reveals that the cervical spine has muscle guarding and tenderness and positive axial head compression test. There is tenderness to the lateral epicondyle, there is positive cubital tunnel tinel sign bilaterally and positive radial nerve compression test bilaterally. Physical examination of the left elbow on 6/9/15 revealed full ROM, tenderness on palpation, positive cubital tunnel sign, and positive radial compression test, no deformity or swelling. The wrist exam reveals tenderness and positive Tinel sign on the left. The left hand grip is weaker than the right and there is hypoesthesia in the left hand fifth digit. The previous physical therapy sessions are noted in the records. The physician requested treatment included 8 sessions of acupuncture, electromyography (EMG) /nerve conduction velocity studies (NCV) bilateral upper extremities and Ultrasound left elbow. Patient had received cortisone injection in left hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Request: 8 sessions of acupuncture. MTUS Guidelines Acupuncture Medical Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines. Per the CA MTUS Acupuncture medical treatment guidelines cited below state that "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." The medical records provided did not specify a plan to reduce pain medications, or any intolerance to pain medications that patient is taking currently. CA MTUS Acupuncture guidelines recommend up to 3 to 6 treatments over 1 to 2 months for chronic pain. Patient has received an unspecified number of PT visits for this injury. Response to any prior rehabilitation therapy including PT/acupuncture/pharmacotherapy since the date of injury was not specified in the records provided. The records submitted contain no accompanying current PT/acupuncture evaluation for this patient. Prior conservative therapy visit notes were not specified in the records provided. Any evidence of diminished effectiveness of medications was not specified in the records provided. The medical necessity, of 8 sessions of acupuncture is not fully established.

EMG/NCV bilateral upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: EMG/NCV bilateral upper extremities. Per ACOEM chapter 12 guidelines, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." Per the ACOEM guidelines cited below, "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." She has

reported initial complaints of hand and wrist pain with numbness and tingling due to overuse being a massage therapist. The diagnoses have included bilateral tendonitis wrist/hands and arms, repetitive stress injury rule out left lateral epicondylitis, rule out left upper extremity entrapment neuropathy, remote possibility of left thoracic outlet syndrome, and chronic pain syndrome. Currently, as per the physician progress note dated 6/9/15, the injured worker complains of cervical spine pain that radiates to the bilateral upper extremities, bilateral elbow and wrist pain, The physical exam reveals that the cervical spine has muscle guarding and tenderness and positive axial head compression test. There is tenderness to the lateral epicondyle, there is positive cubital tunnel tincl sign bilaterally and positive radial nerve compression test bilaterally. Physical examination of the left elbow on 6/9/15 revealed full ROM, tenderness on palpation, positive cubital tunnel sign, and positive radial compression test, no deformity or swelling. The wrist exam reveals tenderness and positive Tinel sign on the left. The left hand grip is weaker than the right and there is hypoesthesia in the left hand fifth digit. The pt could have peripheral neuropathy. It is necessary to do electro-diagnostic studies to find out the exact cause of the neurological symptoms in the upper extremities. Electrodiagnostic studies would help to clarify the exact cause of the neurological symptoms. This information would guide further management. The request for EMG/NCV bilateral upper extremities is medically appropriate and necessary for this patient at this time.

Ultrasound left elbow: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 601-602. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (updated 06/23/15) Ultrasound, diagnostic.

Decision rationale: Ultrasound left elbow. Per the ACOEM guidelines, "Criteria for ordering imaging studies are- The imaging study results will substantially change the treatment plan, Emergence of a red flag, Failure to progress in a rehabilitation program, evidence of significant tissue insult or neurological dysfunction that has been shown to be correctable by invasive treatment, and agreement by the patient to undergo invasive treatment if the presence of the correctable lesion is confirmed." As per the cited guideline, "Ultrasound, diagnostic: Recommended as indicated in the criteria below. Ultrasound (US) has been shown to be helpful for diagnosis of complete and partial tears of the distal biceps tendon, providing an alternative to MRI. Indications for imaging, Ultrasound: Chronic elbow pain, suspect nerve entrapment or mass; plain films non-diagnostic (an alternative to MRI if expertise available), Chronic elbow pain, suspect biceps tendon tear and/or bursitis; plain films non-diagnostic (an alternative to MRI if expertise available)." She has reported initial complaints of hand and wrist pain with numbness and tingling due to overuse being a massage therapist. The diagnoses have included bilateral tendonitis wrist/hands and arms, repetitive stress injury rule out left lateral epicondylitis, rule out left upper extremity entrapment neuropathy, remote possibility of left thoracic outlet syndrome, and chronic pain syndrome. Currently, as per the physician progress note dated 6/9/15, the injured worker complains of cervical spine pain that radiates to the bilateral upper extremities, bilateral elbow and wrist pain, The physical exam reveals that the cervical spine has muscle guarding and tenderness and positive axial head compression test. There is tenderness to the lateral epicondyle, there is positive cubital tunnel tincl sign bilaterally and positive radial nerve compression test bilaterally. Physical examination of the left elbow on 6/9/15 revealed full ROM, tenderness on palpation, positive cubital tunnel sign, and positive radial compression test, no deformity or swelling. The wrist exam reveals tenderness and

positive Tinel sign on the left. The left hand grip is weaker than the right and there is hypoesthesia in the left hand fifth digit. Therefore the patient had significant objective findings and Ultrasound left elbow would be beneficial for future management. The request for Ultrasound left elbow is medically necessary and appropriate for this patient at this time.