

<b>Case Number:</b>	CM15-0166604		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	11/21/2013
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	07/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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: California

Certification(s)/Specialty: Emergency 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 59 year old female, who sustained an industrial injury on 11-21-13. Initial complaints were not reviewed. The injured worker was diagnosed as having left elbow pain, left lateral epicondylitis; left de Quervain's disease; left wrist sprain. Treatment to date has included physical therapy; medications. Diagnostics studies included X-rays left elbow and wrist (7-7-14); MRI left wrist (9-4-14); NCV-SSEP study of the upper bilateral extremities (2-19-15). Currently, the PR-2 notes dated 7-9-15 indicated the injured worker complains of actively-dependent mild to 3 over 10 dull left elbow pain and cramping, associated with cold weather, movement and lifting 10 pounds. Relief from this pain is with medications and massage. She also complains of left wrist pain with the same description and severity of pain and relief measures. Objective findings indicated the left elbow and left wrist have no bruising, swelling atrophy or lesions present and the range of motion at both are decreased and painful. There is tenderness to palpation of the anterior elbow and lateral elbow with Mill's, Cozen's and Tinel's positive for the left elbow testing. There is tenderness to palpation of the dorsal, lateral and volar wrist. A NCV-SSEP study of the upper extremities was done on 2-19-15 resulting in an abnormal test in a pattern consistent with right carpal tunnel syndrome. The provider is requesting authorization of Acupuncture treatment 2 times a week for 4 weeks and Range of motion 1 time a month, per doctor visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture treatment 2 times a week for 4 weeks: 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) Forearm, Wrist and Hand (Acute & Chronic), Acupuncture.

**Decision rationale:** The requested Acupuncture treatment 2 times a week for 4 weeks is not medically necessary. CA MTUS Acupuncture Guidelines recommend note that in general acupuncture "may be used as an adjunct to physical rehabilitation." However, Official Disability Guidelines (ODG), Forearm, Wrist and Hand (Acute & Chronic), Acupuncture, note that acupuncture is not recommended for forearm, wrist and hand complaints. The injured worker has actively-dependent mild to 3 over 10 dull left elbow pain and cramping, associated with cold weather, movement and lifting 10 pounds. Relief from this pain is with medications and massage. She also complains of left wrist pain with the same description and severity of pain and relief measures. Objective findings indicated the left elbow and left wrist have no bruising, swelling atrophy or lesions present and the range of motion at both are decreased and painful. There is tenderness to palpation of the anterior elbow and lateral elbow with Mill's, Cozen's and Tinel's positive for the left elbow testing. There is tenderness to palpation of the dorsal, lateral and volar wrist. A NCV-SSEP study of the upper extremities was done on 2-19-15 resulting in an abnormal test in a pattern consistent with right carpal tunnel syndrome. The treating physician has not documented objective evidence of derived functional benefit from completed acupuncture sessions, such as improvements in activities of daily living, reduced work restrictions, or decreased reliance on medical intervention. The treating physician has not documented evidence-based, nationally recognized, peer-reviewed medical literature in support of this treatment as an outlier to referenced guideline negative recommendations. The criteria noted above not having been met, Acupuncture treatment 2 times a week for 4 weeks is not medically necessary.

**Range of motion 1 time a month, per doctor visits: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines: Chapter 7, Independent Medical Evaluations and Consultations, Page 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Measures Page(s): 48, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back & Lumbar & Thoracic (Acute & Chronic), Flexibility.

**Decision rationale:** The requested Range of motion 1 time a month, per doctor visits, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Functional Improvement Measures, Page 48, note that such measures are recommended. However, Official Disability Guidelines (ODG), Low Back & Lumbar & Thoracic (Acute & Chronic), Flexibility, note that computerized range of motion testing not recommended as a primary criteria, but should be a part of a routine musculoskeletal evaluation. The injured worker has actively dependent mild to 3 over 10 dull left elbow pain and cramping, associated with cold weather, movement and lifting 10 pounds. Relief from this pain is with medications and massage. She also complains of left wrist pain with the same description and severity of pain and relief measures. Objective findings indicated the left elbow and left wrist have no bruising, swelling atrophy or lesions present and the range of motion at both are decreased and painful. There is tenderness to palpation of the anterior elbow and lateral elbow with Mill's, Cozen's and Tinel's positive for the left elbow testing. There is tenderness to palpation of the dorsal, lateral and volar wrist. A NCV-SSEP study of the upper extremities was done on 2-19-15 resulting in an abnormal test in a pattern consistent with right carpal tunnel syndrome. The treating physician has not documented exceptional circumstances to establish the medical necessity for this testing as an outlier to referenced guideline negative recommendations. The criteria noted above not having been met, Range of motion 1 time a month, per doctor visits is not medically necessary.