

<b>Case Number:</b>	CM15-0192391		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	04/13/2015
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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: North Carolina  
 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 56 year old female, who sustained an industrial injury on 4-13-15. She reported bilateral elbow, forearm, wrist, and hand pain. The injured worker was diagnosed as having right elbow sprain and strain. Treatment to date has included at least 6 physical therapy sessions and medication including Acetaminophen and Nabumetone. Physical examination findings on 7-22-15 included right shoulder diffuse tenderness to palpation with muscle guarding. Subacromial crepitus and pain was also noted. Impingement test was positive and weakness was noted with resisted muscle testing of the right shoulder in flexion, extension, and abduction. Tenderness to palpation over bilateral forearms and wrist flexor and extensor muscles and tendons was noted. Tenderness to palpation over bilateral elbows with positive Bent elbow tests was noted. Tinel's sign and Phalen's tests were positive bilaterally eliciting paresthesia in the median nerve distribution extending to the thumb, index, and middle fingers on bilateral hands. Sensation was decreased over bilateral wrist and hands along the median and ulnar nerve distributions. On 7-22-15, the injured worker complained of pain in the right shoulder, bilateral elbows, bilateral forearms, bilateral wrists, and hands with numbness and tingling to all fingers in bilateral hands. The treating physician requested authorization for 6 acupuncture treatments, a home interferential electrical muscle stimulation unit, and diagnostic ultrasound studies of the right shoulder, bilateral elbows, and bilateral wrists. On 8-31-15, the request for acupuncture was modified to certify 4 visits. The other requests were non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**6 acupuncture treatments:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** The California chronic pain medical treatment guidelines section on acupuncture states: 1) "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. Frequency and duration of acupuncture with electrical stimulation may be performed as follows: 1. Time to produce functional improvement 3-6 treatments. 2. Frequency: 1-3 times per week. 3. Optimum duration is 1-2 months. 4. Treatments may be extended if functional improvement is documented. The request for acupuncture is within guideline recommendations. Acupuncture is an accepted treatment option for upper extremity pain complaints that the patient is experiencing. Therefore, the request is medically necessary.

**1 home interferential electrical muscle stimulation unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: Pain is ineffectively controlled due to diminished effectiveness of medications; or Pain is ineffectively controlled with medications due to side effects; or History of substance abuse; or Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. A "jacket" should not be certified until after the one-month trial and only with documentation that the individual cannot apply the stimulation pads alone or with the help of another available person. The criteria as set forth above per the California MTUS have not been met. The patient does not show diminished efficacy of prescribed treatment modalities. In addition, ICS is only initially approved for a one-month trial period. Therefore, the request is not medically necessary.

**1 diagnostic ultrasound studies of the right shoulder, bilateral elbows and bilateral wrists:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic) - Ultrasound, diagnostic Official Disability Guidelines (ODG), Carpal Tunnel Syndrome (Acute & Chronic) - Ultrasound, diagnostic Official Disability Guidelines (ODG), Elbow (Acute & Chronic) - Ultrasound, diagnostic.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s):  
Special Studies.

**Decision rationale:** The ACOEM chapter on shoulder complaints and imaging studies states: Primary criteria for ordering imaging studies are: Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems) Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon). Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). The criteria as set forth above for imaging studies of the shoulder have not been met from review of the provided clinical documentation. There are no new physiologic or neurologic deficits and no red flags on exam. There is no planned invasive procedure mentioned. Therefore, the request is not medically necessary.