

<b>Case Number:</b>	CM15-0221419		
<b>Date Assigned:</b>	11/17/2015	<b>Date of Injury:</b>	09/25/2013
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2015

### 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: Physical Medicine & Rehabilitation

### 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 45 year old female, who sustained an industrial injury on 09-25-2013. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for bilateral elbow injuries and carpal tunnel syndrome, and left ulnar neuritis. Medical records (06-09-20145 to 09-15-2015) indicate ongoing bilateral elbow with abnormal sensations in the upper extremities. Pain levels were 0 out of 10 on a visual analog scale (VAS). Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 09-15-2015, revealed tenderness to palpation along the lateral epicondyle region and common extensor tendons bilaterally, slightly restricted range of motion in both elbows, positive Tinel's bilaterally, and positive elbow flexion bilaterally (left more than right). Relevant treatments have included bilateral ulnar nerve transposition and release, work restrictions, and medications. The request for authorization (09-15-2015) shows that the following treatment and test were requested: 6 sessions of acupuncture without electrical stimulation for the bilateral elbows, 6 sessions of acupuncture with electrical stimulation for the bilateral elbows, and MRI of the right elbow. The original utilization review (10-09-2015) non-certified the request for 6 sessions of acupuncture without electrical stimulation for the bilateral elbows, 6 sessions of acupuncture with electrical stimulation for the bilateral elbows, and MRI of the right elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture without electrical stimulation - bilateral elbows, 6 visits:** Upheld

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

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

**Decision rationale:** It is not clear if the patient has participated in previous acupuncture. Current clinical exam show no specific physical impairments or clear dermatomal/myotomal neurological deficits to support for treatment with acupuncture. There are no clear specific documented goals or objective measures to identify for improvement with a functional restoration approach for this 2013 injury with ongoing unchanged chronic pain complaints. MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. Submitted reports have not demonstrated the medical indication to support this request or specific conjunctive therapy towards a functional restoration approach for acupuncture visits, beyond guidelines criteria. The Acupuncture without electrical stimulation - bilateral elbows, 6 visits is not medically necessary and appropriate.

**Acupuncture with electrical stimulation - bilateral elbows, 6 visits:** Upheld

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

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

**Decision rationale:** It is not clear if the patient has participated in previous acupuncture. Current clinical exam show no specific physical impairments or clear dermatomal/myotomal neurological deficits to support for treatment with acupuncture. There are no clear specific documented goals or objective measures to identify for improvement with a functional restoration approach for this injury with ongoing unchanged chronic pain complaints. MTUS, Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. Submitted reports have not demonstrated the medical indication to support this request or specific conjunctive therapy towards a functional restoration approach for acupuncture visits, beyond guidelines criteria. The Acupuncture with electrical stimulation - bilateral elbows, 6 visits is not medically necessary and appropriate.

**MRI - right elbow:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Elbow Complaints 2007, Section(s): Ulnar Nerve Entrapment.

**Decision rationale:** Criteria for ordering imaging studies such include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for repeating the MRI with unchanged chronic symptoms without progressive deterioration of clinical findings, acute new injury or red-flag conditions since last imaging study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI - right elbow of is not medically necessary and appropriate.