

Case Number:	CM15-0031577		
Date Assigned:	02/24/2015	Date of Injury:	12/19/2001
Decision Date:	04/10/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/19/2015

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, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 58 year old female sustained an industrial injury to the right elbow, wrist, forearm and hand, on 12/19/01, due to repetitive trauma. Magnetic resonance imaging right elbow (7/30/14) contained findings consistent with chronic lateral epicondylitis. In an orthopedic consultation dated 10/13/14, the injured worker complained of pain 7/10 on the visual analog scale. The physician noted that the injured worker had had no improvement to right lateral elbow pain despite the passage of time, self-imposed activity restriction and home cryotherapy. Physical exam was remarkable for right elbow with intact range of motion, tenderness to palpation to the lateral epicondyle and lateral extensor and 4/5 strength. In an acupuncture noted dated 11/14/14, the therapist noted that the injured worker complained of pain 6/10 to the right upper extremity that improved with treatment and ice. The therapist recommended ongoing acupuncture. On 2/5/15, Utilization Review non-certified a request for DME (Durable Medical Equipment): Infra Lamp Medical supply and Kinesio Tape in House and modified a request for Acupuncture 2x4 right elbow/ wrist to Acupuncture 2x2 right elbow/ wrist, citing CA MTUS and ODG Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 2x4 right elbow/wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Regarding the request for acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, it is unclear what current concurrent rehabilitative exercises will be used alongside the requested acupuncture. Additionally, the patient has already had 3 sessions of acupuncture, and the current request for 8 additional sessions exceeds the 6 visit trial recommended by guidelines. Since the independent medical review process cannot modify any requests, the currently requested acupuncture is not medically necessary.

DME (Durable Medical Equipment): Infra Lamp Medical supply: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee and Leg.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines X Section 9792.21(c), Title 8, California Code of Regulations Page(s): 2.

Decision rationale: With regards to the request for infra lamp medical supply, the guidelines do not have specific recommendation regarding this durable medical equipment. The CA MTUS state that if an issue is not directly addressed within the MTUS, then national, evidenced-based guidelines apply. Unfortunately, the ODG does not address this request either. Within the submitted documentation, there is no clear documentation of why this device is ordered, how it will aid with this patient's treatment plan. Furthermore, the provider has informed the utilization reviewer that this device is not medically necessary. As such, this request is not medically necessary.

DME: Kinesio Tape in House: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Kinesiotape Entry.

Decision rationale: The California Medical Treatment and Utilization Schedule and ACOEM do not specifically address Kinesio Taping. Therefore, the Official Disability Guidelines are cited which state in the Shoulder Chapter that Kinesio Tape is: "Not recommended. Utilization of KT for decreasing pain intensity or disability for patients with suspected shoulder tendonitis/impingement is not supported. (Thelen, 2008) Tape is commonly used as an adjunct for treatment and prevention of musculoskeletal injuries. A majority of tape applications that are reported in the literature involve non-stretch tape. The KT method has gained significant popularity in recent years, but there is a paucity of evidence on its use. The suppliers make claims of neuromuscular re-education." Therefore, in this injured worker with shoulder pain, this request is not recommended given the lack of evidence.