

<b>Case Number:</b>	CM15-0083562		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	06/21/2013
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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: New Jersey  
 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 female, who sustained an industrial injury on 6/21/2013. The mechanism of injury was cumulative trauma to her upper extremities. The injured worker was diagnosed as having shoulder impingement, carpal tunnel syndrome, medial epicondylitis, and lateral epicondylitis. Treatment to date has included diagnostics, electrodiagnostic testing of the upper extremities on 5/13/2014, physical therapy, unspecified acupuncture, right common extensor tendon injection on 11/24/2014, subacromial-subdeltoid bursa injection on 2/27/2015, and medications. Currently (4/21/2015), the injured worker complains of bilateral hand pain and elbow pain. She had numbness and tingling in her hands, especially thumbs, and shooting pain from her hands to arms. She was unable to use her hands due to weakness. She continued to take medications, which allowed her to function. Current medications included Norco, Tramadol, and Naproxen. Physical exam noted tenderness to palpation to bilateral elbows, grip strength reduced bilaterally, positive Tinel's and Phalen's tests in the bilateral wrists, and decreased sensory bilaterally. Range of motion was restricted in the right shoulder and impingement test was positive. The treatment plan continued to include acupuncture (bilateral upper extremities) to reduce pain and improve function and sleep, MR arthrogram of the right elbow to determine any tears, and orthopedic consultation for worsening bilateral upper extremity pain and dysfunction. Her work status remained total temporary disability. Prior treatment with acupuncture was referenced as recently as 11/18/2014, with subsequent visits noting no significant improvement and worsening pain.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

### **Acupuncture 3 x 4 week, for the Bilateral Upper Extremities: Upheld**

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

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

**Decision rationale:** The MTUS Acupuncture Guidelines state acupuncture may be used as an adjunct therapy modality to physical rehabilitation or surgical intervention to hasten recovery and to reduce pain, inflammation, increase blood flow, increase range of motion, decrease the side effects of medication induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Acupuncture is allowed as a trial over 3-6 treatments and 1-3 times per week up to 1-2 months in duration with documentation of functional and pain improvement. Extension is also allowed beyond these limits if functional improvement is documented. In the case of this worker, there was persistent symptoms reported recently involving her hands and forearms, including her elbows. There was record of having completed some acupuncture in the past, however, there was insufficient documentation provided for review which reported the functional gain and pain reduction directly related to the prior acupuncture to help justify additional sessions. Also, there was no mention of any physical medicine plans to be completed while using acupuncture. Therefore, without supportive evidence for additional acupuncture, the request for 12 sessions will not be considered medically necessary at this time.

### **MR Arthrogram Bilateral Elbows: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-34.

**Decision rationale:** MTUS does not address fluoroscopy/arthrography specifically but does state that any imaging of the elbow is typically not necessary unless red flag diagnoses are evident or suspected, if osteomyelitis or septic bursitis is suspected, if conservative care for at least 4 weeks fails to improve the condition/symptoms, or if the imaging study would substantially change the treatment plan (surgery, procedure, etc.). If imaging is indicated, fluoroscopy studies may be considered for the identification of loose bodies, chondral and osteochondral fractures, collateral ligament tears, and synovial and capsular abnormalities. Although elbows continued to be tender from what was diagnosed as epicondylitis, there was insufficient evidence from physical examination and subjective complaints to suggest any fracture, loose body, ligament tear, or capsular abnormality was present to warrant arthrography. Also, there was no indication that the results of an arthrogram would change the plans of treatment as surgery was not discussed as an option for her elbows. The request is not medically necessary.

### **Orthopedic Consultation: Sport for Bilateral Shoulder, Elbows, Wrist, and Hands: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 127.

**Decision rationale:** The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted if a diagnosis is uncertain, or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. Referral to a specialist is required when a particular procedure is required in which the specialist is skilled. In the case of this worker, it was not apparent from the notes available for review what the indication for referral to an orthopedic physician was (surgery, injections, clarity of diagnosis, etc.). Without a documented indication clearly stated, the referral to orthopedic will be considered medically unnecessary.