

<b>Case Number:</b>	CM14-0160179		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	12/31/2010
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 is a 63-year-old female with a 12/31/10 date of injury. A specific mechanism of injury was not described. According to a progress report dated 9/9/14, the injured worker complained of pain in her neck, both shoulders, both elbows, and both wrists. The pain is near the base of both of her wrists and worse with pinching, pulling, and grasping. She stated that she is frustrated with her chronic pain. The provider has recommended the continued use of the TENS unit and 6 visits of acupuncture. Objective findings: sensation intact to light touch in the digits of both hands, positive Phalen's sign at both wrists, tenderness over anterior aspect of right shoulder, positive impingement sign, tender over right and left medial and lateral epicondyles, tender over right and left forearm, tenderness over cervical spine, limited cervical spine range of motion. Diagnostic impression: right and left carpal tunnel syndrome, right ring trigger finger, right and left medial/lateral epicondylitis, right and left rotator cuff impingement syndrome, bilateral wrist and forearm mild fasciitis. Treatment to date: medication management, activity modification, carpal tunnel releases, right ring trigger finger release. A UR decision dated 9/12/14 modified the request for 6 acupuncture treatments to 4 treatments and denied the request for TENS unit. A specific rationale for the decision was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Acupuncture Treatments:** 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, Acupuncture Guidelines and Elbow (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Clinical Topics. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter, page 114

**Decision rationale:** CA MTUS/ACOEM guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, with frequent assessment and modification of the treatment plan based upon the injured worker's progress in meeting those goals, and monitoring from the treating physician is paramount. In addition, Acupuncture Medical Treatment Guidelines state that acupuncture may be 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. Furthermore, guidelines state that time to produce functional improvement of 3 - 6 treatments. However, in the present case, there is no documentation that the injured worker is unable to tolerate pain medications. In addition, there is no documentation of a treatment plan with clearly defined functional goals. The previous UR decision dated 9/12/14 modified this request to certify 4 sessions. It is unclear if the injured worker has completed the certified sessions at this time. Therefore, the request for 6 Acupuncture Treatments is not medically necessary.

**TENS unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic Pain (transcutaneous electrical nerve stimulation).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 114-116.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function and that other ongoing pain treatment should also be documented during the trial period including medication. However, in the present case, the injured worker is noted to have previously used a TENS unit. The specific subjective and objective functional improvements directly related to the use of TENS unit are not clearly outlined. There is no documentation of the use of a TENS unit in physical therapy, medication management, or instruction and compliance with an independent program. There is no documentation of decreased medication use as a result of using the TENS unit. Therefore, the request for TENS unit is not medically necessary.