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| <b>Case Number:</b>   | CM15-0021671 |                              |            |
| <b>Date Assigned:</b> | 02/11/2015   | <b>Date of Injury:</b>       | 05/04/2012 |
| <b>Decision Date:</b> | 04/09/2015   | <b>UR Denial Date:</b>       | 01/13/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/05/2015 |

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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 39-year-old female sustained an industrial injury on 5/14/12, with subsequent ongoing neck, right shoulder, right wrist and right hand pain with numbness and tingling. Treatment included right shoulder arthroscopic rotator cuff repair, right carpal tunnel injection, physical therapy, trigger point injections and medications. In a PR-2 dated 12/31/14, the injured worker complained of right wrist pain and neck pain radiating to the right hand with numbness and tingling. Physical exam was remarkable for right wrist with positive Tinel's and Finkelstein and cervical spine with tenderness to palpation to the paraspinals and trapezius as well as increased pain upon range of motion. Current diagnoses included right wrist flexor carpi radialis tendinitis and cervical sprain. The tenderness to palpation included refilling Norco and Voltaren, dispensing a right Spica splint and acupuncture twice a week for 3 weeks for the cervical spine and right wrist. On 1/13/15, Utilization Review noncertified a request for Acupuncture Treatment 2 times weekly for 3 weeks for the Cervical Spine and Right Wrist, Infrared 2 times weekly for 3 weeks for the Cervical Spine and Right Wrist and Medical Supply: Kinesio Tape, #1 noting lack of supporting documentation indicating the need for acupuncture and citing CA MTUS Acupuncture Treatment Guidelines, ACOEM guidelines 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 Treatment 2 times weekly for 3 weeks for the Cervical Spine and Right Wrist: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation ODG, Forearm, Wrist & Hand, Acupuncture.

**Decision rationale:** Per the ACOEM guidelines: Invasive techniques (e.g., needle acupuncture and injection procedures, such as injection of trigger points, facet joints, 2 or corticosteroids, lidocaine, or opioids in the epidural space) have no proven benefit in treating acute neck and upper back symptoms. However, many pain physicians believe that diagnostic and/or therapeutic injections may help patients presenting in the transitional phase between acute and chronic pain. Per the ODG guidelines with regard to acupuncture directed at the wrist: Not recommended. Rarely used and recent systematic reviews do not recommend acupuncture when compared to placebo or control. As the requested treatment is not recommended, the request is not medically necessary.

**Infrared 2 times weekly for 3 weeks for the Cervical Spine and Right Wrist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Infrared Therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Forearm, Wrist & Hand, Heat therapy.

**Decision rationale:** The MTUS is silent on the use of infrared heat. Per the ODG guidelines: Recommend at-home local applications of cold packs first few days of acute complaints; thereafter, applications of heat therapy. For arthritic hands, superficial moist heat and cryotherapy can be used as a palliative therapy. No rationale was provided as to why infrared heat treatment was necessary over a heating pad or moist heat at home. The request is not medically necessary.

**Medical Supply: Kinesio Tape, #1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck, Kinesio Tape.

**Decision rationale:** The MTUS is silent on the use of kinesio tape. Per the ODG guidelines with regard to kinesio tape: 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 nonstretch tape. The KT method has gained significant popularity in recent years, but there is a paucity of evidence on its use. As the request is not recommended, the request is not medically necessary.