

Case Number:	CM15-0098319		
Date Assigned:	05/29/2015	Date of Injury:	12/11/2013
Decision Date:	07/03/2015	UR Denial Date:	05/09/2015
Priority:	Standard	Application Received:	05/21/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 60 year old female with an industrial injury dated 12/11/2013. The injured worker relates she was injured on a day to day basis and developed cumulative trauma injuries due to repetitive movements working with a sewing machine. Her diagnoses included right elbow lateral epicondylitis, right elbow partial tear of the extensor carpi radialis tendon and pain in joint - upper arm. Prior treatments included diagnostics, physical therapy (not helpful) cortisone injection to right elbow (worsened her pain) and arm brace. She presented on 04/17/2015 for follow up of her industrial injuries. Physical exam showed tenderness in the 3rd and 5th digits with swelling. There was tenderness over the lateral epicondyle with well-preserved range of motion. There was no gross swelling or visible deformities at the elbow. The provider documents the results of a right elbow MRI (actual report not in the submitted records) as findings consistent with lateral epicondylitis with partial tear of the extensor carpi radialis tendon. Her medications were Naprosyn and Tramadol. She was on modified duty work status. In regards to activities of daily living, she reports difficulty with self-care activities, difficulties with writing, sensory problems, sleep difficulties, depression, stress, anxiety and personal relationship difficulties. She received injection to each tendon sheath (3rd and 5th digits) at the office visit. The provider documented the injured worker had positive findings clinically and had failed conservative care and recommended surgery. Treatment plan included medical clearance, post-operative bracing, Micro-Cool unit, TENS unit with supplies, home exercise kit and motorized compression pump and stockings. Other treatment included post-operative physiotherapy, post-operative acupuncture and medications. The requested treatments are 12

post-operative acupuncture visits for the right elbow, 2 times per week for 6 weeks for pain control and post-operative Norco 5/325 mg # 60 for the right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Postoperative Acupuncture visits for the right elbow, 2 times per week for 6 weeks for pain control: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The CA MTUS addresses acupuncture as an acceptable adjunct treatment, recommending time to produce functional improvement at 3 to 6 treatments, 1 to 3 times per week with an optimal duration of 1 to 2 months. Extension of treatment may be warranted with evidence of functional improvement. The initial request of 12 visits was modified appropriately by utilization review to meet the guidelines; if evidence of functional improvement is documented objectively, further treatment may be considered. Therefore, the initial request for 12 visits without evaluation for functional improvement prior to completion of treatment is not considered medically necessary based on the guidelines and provided documents.

Postoperative Norco 5/325 milligrams #60 for the right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury coupled with operative treatment, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment post-operatively, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. Utilization Review reasonably modified the request to facilitate close follow up and ensure pain control. Given the risk of treatment at duration or dose exceeding what is necessary, the request for Norco #60 is not medically necessary without further evaluation.

