

Case Number:	CM13-0006104		
Date Assigned:	11/22/2013	Date of Injury:	07/09/2012
Decision Date:	03/10/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	08/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine 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 physician 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:

The patient is a 37-year-old female with date of injury 07/09/2012. She is a patient of [REDACTED]. [REDACTED] has been following the patient since 08/10/2012. In his supplemental report of 12/11/2013, he lists the patient's diagnoses as (a) cervicotrachezial sprain/strain and myofascial pain syndrome with left upper extremity radiculitis and probable disc disease, (b) bilateral periscapular strain with bursitis/tendinitis/impingement syndrome and probable internal, derangement, (c) bilateral elbow medial epicondylitis and dynamic ulnar entrapment neuropathy, (d) bilateral wrist/forearm tendinitis with dynamic carpal tunnel syndrome, and (e) bilateral de Quervain's tenosynovitis. [REDACTED] states in his supplemental report that the patient was beginning to have functional improvement as a result of her initial treatments with chiropractic and physical therapy. He refers the reader to a progress report dated 07/01/2013 wherein he wrote that chiropractic services had temporarily decreased her pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for eight (8) chiropractic visits: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99..

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The treating physician has provided evidence in his supplemental report of 12/11/2013 that the patient had been having functional improvement with the chiropractic visits.

Chiropractic treatment with exercise and C/S traction one (1) time a week for three (3) weeks: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Traction Section.

Decision rationale: The treating physician has provided evidence in his supplemental report of 12/11/2013 that the patient had been having functional improvement with the chiropractic visits including cervical traction. However, as mentioned below, in general, it would not be advisable to use these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. Recommend home cervical patient controlled traction (using a seated over-the-door device or a supine device, which may be preferred due to greater forces), for patients with radicular symptoms, in conjunction with a home exercise program. Not recommend institutionally based powered traction devices. Several studies have demonstrated that home cervical traction can provide symptomatic relief in over 80% of patients with mild to moderately severe (Grade 3) cervical spinal syndromes with radiculopathy. (Aetna, 2004) (Olivero, 2002) (Joghataei, 2004) (Shakoor, 2002) Patients receiving intermittent traction performed significantly better than those assigned to the no traction group in terms of pain, forward flexion, right rotation and left rotation. (Zylbergold, 1985) Other studies have concluded there is limited documentation of efficacy of cervical traction beyond short-term pain reduction. In general, it would not be advisable to use these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. (Kjellman, 1999) (Gross-Cochrane, 2002) (Aker, 1999) (Bigos, 1999) (Browder, 2004)

Low energy extracorporeal shockwave treatment three (3) times a week for three (3) weeks per diagnosis, one (1) treatment every two (2) weeks for the bilateral shoulder and elbows: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 45-46..

Decision rationale: In the Occupational Medicine Practice Guidelines, table 5. Summary of Recommendations by Elbow Condition, there is a specific recommendation against the use of extracorporeal shockwave treatments. The request is denied.