

Case Number:	CM13-0013756		
Date Assigned:	11/06/2013	Date of Injury:	02/29/2012
Decision Date:	01/15/2014	UR Denial Date:	06/05/2013
Priority:	Standard	Application Received:	08/19/2013

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 Physical Medicine & 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 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 reported an injury on 02/29/2012 due to cumulative trauma. The patient was initially treated conservatively with physical therapy and medications. This was followed by an endoscopic procedure of the right elbow in 06/2011, and then a second procedure in 10/2011. The patient continued to have pain in her right elbow radiating into her fingers. Additional physical therapy was ordered. The patient's most recent physical exam findings included persistent malalignment of the right elbow with severe lateral swelling and notable keloids, tenderness to palpation at the volar surface of the right forearm, limited range of motion described as 5 degrees to 120 degrees, and tenderness to palpation in the lateral epicondyle and median forearm. The patient also had significant decreased grip strength described as 21 on the right and 57 on the left. The patient's diagnosis included dislocation of the elbow. The patient's treatment plan included physical therapy, an EMG/NCS, and cognitive behavioral therapy with continuation of medication usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCS bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42-43.

Decision rationale: The requested EMG/NCS Bilateral Upper Extremities is not medically necessary or appropriate. The patient does have persistent pain complaints that have been recalcitrant to conservative treatments to include physical therapy. The patient has also failed to respond to multiple surgical interventions. American College of Occupational and Environmental Medicine recommends an EMG for the upper extremities in cases where cervical radiculopathy is suspected. The clinical documentation submitted for review did not provide any evidence of radicular symptoms associated with the cervical spine that would cause suspicion of cervical radiculopathy of the upper extremities. The American College of Occupational and Environmental Medicine recommends nerve conduction studies if there is suspicion of severe nerve entrapment. The patient does have significant decreased grip and hyperesthesia at the lateral medial epicondyles bilaterally upon palpation. Nerve conduction studies of the right wrist may be supported by guideline recommendations. However, the request as it is written for an EMG/NCS study of the bilateral upper extremities would not be supported by guideline recommendations. As such, the requested EMG/NCS Bilateral Upper Extremities is not medically necessary or appropriate.

1 month trial of a TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The requested TENS Unit 1 Month Trial is not medically necessary or appropriate. The patient does have ongoing chronic pain complaints of the right elbow. California Medical Treatment Utilization Schedule recommends the use of a TENS unit for neuropathic pain as an adjunct therapy to other functional restoration treatments. The clinical documentation submitted for review does not provide evidence that the patient is participating in other functional restoration treatments. Additionally, the Primary Treating Physician's Progress Report dated 07/24/2013, signed by [REDACTED], noted that "manages pain most of the time with ice, TENS, Gabapentin, Norco." Additionally, the clinical documentation submitted for review does not provide evidence that the patient's pain is neuropathic in nature. As there is evidence that the patient has already used this treatment modality to provide pain relief, a 1 month trial for home use would not be indicated. As such, the requested TENS Unit 1 Month Trial is not medically necessary or appropriate.

Physical therapy 2 x 4 for the treatment of bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section: Physical Medicine Page(s): 98-99.

Decision rationale: The requested physical therapy 2 x 4 for treatment of bilateral upper extremities is not medically necessary or appropriate. The patient has had chronic pain for an extended duration. California Medical Treatment Utilization Schedule does support the use of active physical therapy for pain relief. However, as the patient has previously undergone physical therapy, the patient should be well-versed in a home exercise program. There are no barriers noted within the documentation to support that a home exercise program could not effectively assist the patient with symptom relief. As such, the requested physical therapy 2 x 4 for treatment of bilateral upper extremities is not medically necessary or appropriate.

1 time evaluation for cognitive behavioral therapy: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section: Behavioral Interventions Page(s): 23.

Decision rationale: The requested Cognitive Behavioral Therapy 1 Time Evaluation is medically necessary and appropriate. The clinical documentation submitted for review does provide evidence that the patient has had pain for an extended duration. The patient's pain has failed to respond to surgical and conservative measures. California Medical Treatment Utilization Schedule states "the identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy which could lead to psychological or physical dependence." It is also stated that "screen for patients with risk factors for delayed recovery, including fear avoidance beliefs." The clinical documentation submitted for review does support that the patient is at risk for delayed recovery as the patient's pain has failed to respond to multiple interventions. Therefore, a cognitive behavioral evaluation would be supported. As such, the requested Cognitive Behavioral Therapy 1 Time Evaluation is medically necessary and appropriate.