

Case Number:	CM13-0023878		
Date Assigned:	11/15/2013	Date of Injury:	02/19/2013
Decision Date:	01/21/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/13/2013

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 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 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 31 year old male who reported an injury on 02/19/2013. The mechanism of injury was a fall. This resulted in left elbow pain that was not relieved with 12 sessions of physical therapy. He underwent a left elbow debridement and partial synovectomy and repair of the extensor tendon on 07/02/2013 with a worsening of symptoms post-operatively. The patient is currently taking Mobic 7.5mg once daily and Ultram 50mg for pain, up to twice daily. He has had adverse reactions in the past to narcotic medications, though none have been documented with his current medications. The patient continues to complain of pain in the left arm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) electroacupuncture with infrared and myofascial release: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Low Level Laser Therapy Section Page(s): 57.

Decision rationale: The California MTUS Acupuncture Guidelines stated that the use of acupuncture can be used as an adjunct to physical rehabilitation or surgery to hasten functional improvement. Functional improvement as defined by the MTUS guidelines is a significant

improvement in activities of daily living or a reduction in work restrictions as measured and documented during a physical exam, and a reduction in dependency on continued medical treatment. Guidelines state that the time to produce effect from acupuncture is 3-6 visits. In the clinical note dated 10/01/2013, the patient reported functional improvement after 3 acupuncture treatments. However, there are no objective measurements documented in the medical records to support this claim. CA MTUS Guidelines do not recommend low level laser therapy as there is a lack of evidence to support this treatment. CA MTUS Guidelines state massage therapy is recommended as a treatment option and should be an adjunct to other recommended treatment to include exercise and should be limited to 4-6 visits. Furthermore, many studies lack long-term follow-up. The clinical information submitted did not indicate this treatment would be performed as an adjunct to other recommended treatment. As such, the request for eight (8) electroacupuncture with infrared and myofascial release is non-certified.

An MRI of the left elbow: 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)

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

Decision rationale: The California MTUS and ACOEM guidelines did not address repeat MRIs, therefore the Official Disability Guidelines (ODG) were supplemented. An initial MRI of the left elbow was done on 04/03/2013. The ODG guidelines do not recommend a repeat MRI unless there is significant change in symptoms or findings suggestive of a significant pathology. The patient is not noted to have a significant change in symptoms as documented in the clinical notes provided. Pain levels have remained constant at a 6-8/10 level since surgery, elbow motor strength is 5-/5, reflexes are normal, there is decreased sensation to light touch at the left elbow only, and a mention of a decrease in range of motion but no measurable objective values were included. These are no new significant deficits and therefore, there is no indication for a repeat imaging study. As such, the request for a repeat MRI of the left elbow is non-certified.

An EMG/NCS of the left elbow: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California ACEOM Guidelines

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

Decision rationale: The California MTUS/ACOEM Guidelines recommend nerve conduction study and possibly EMG if severe nerve entrapment is suspected on the basis of physical examination, denervation atrophy is likely, and there is a failure to respond to conservative treatment. The clinical information submitted revealed a physical examination noting positive Tinel's at the elbow along with throbbing/burning pain. The patient has undergone conservative care without significant improvement in his symptoms. Therefore, the requested EMG/NCS of

the left elbow would be medically reasonable to fully assess and determine if the patient has ulnar neuropathy given his findings which are suggestive of this. This would help with in determining the most appropriate treatment plan. Therefore, the request for EMG/NC of the left elbow is certified.

Ultram 50 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California ACEOM Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 74-95.

Decision rationale: The California MTUS Guidelines recommend the use of opioids for chronic pain and have criteria for on-going medication management. These criteria include one prescribing physician, lowest effective dose, and documentation of pain relief using the VAS scale, side effects, physical and psychological functioning, urine drug screens, and aberrant behaviors. In the clinical records provided for review, the patient's pain level was not consistently documented using the VAS scale measuring medication efficacy. There were also no objective measurements documenting any increase in physical function or directions in frequency of use. Therefore, the request for Ultram 50mg #60 is non-certified.