

Case Number:	CM13-0031115		
Date Assigned:	12/04/2013	Date of Injury:	11/07/2011
Decision Date:	01/15/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/02/2013

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 Anesthesiology, has a subspecialty in Pain 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 33-year-old female who reported an injury on 11/07/2011 after lifting heavy boxes. The patient was treated extensively with chiropractic care, physical therapy, acupuncture, and medications. The patient complained of right elbow pain, right wrist pain, cervical spine pain, thoracic spine pain, shoulder pain, and low back pain. The patient underwent an MRI of the cervical spine that revealed diffuse disc protrusions effacing the thecal sac at the C4-5 and C5-6 levels. The patient underwent an electrodiagnostic study that revealed the patient had evidence of right-sided cubital and carpal tunnel syndromes superimposed by C6, C7, and C8 radiculopathy. It is noted in the most recent submitted documentation dated 08/20/2012 that the patient was 5 months pregnant and planned on breastfeeding. Therefore, medical treatment could not be administered to this patient beyond home heat and ice. The patient's diagnoses included cervical hyperextension/hyperflexion injury, lumbar hyperextension/hyperflexion injury, and cervical discopathy with possible radiculopathy. The patient's treatment plan was to discontinue until after the patient had given birth and finished breastfeeding. –

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 163.

Decision rationale: No recent clinical evaluation was provided to support deficits that would require medication management or medical treatment. ACOEM Guidelines recommend specialty consultations when there is a complicated or unclear diagnosis that would benefit from additional expertise. The clinical documentation submitted for review did not include any recent exam findings to support the need for additional expertise to develop a treatment plan. As such, the requested Pain Management Consultation is not medically necessary and appropriate.

Shockwave Therapy for RT Shoulder, Elbow, and Wrist: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter section on Extracorporeal Shockwave Therapy (ESWT.)

Decision rationale: There was no recent evaluation submitted for review to provide deficits that would require medical management. The Official Disability Guidelines do not recommend the use of extracorporeal shockwave therapy for any shoulder diagnosis other than calcifying tendinosis. There was no clinical documentation to support that the patient has calcifying tendinosis of the shoulder. Therefore, the request for Shockwave Therapy for RT Shoulder, Elbow, and Wrist is not medically necessary and appropriate.

series of 12 Spinal Decompression sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Manual Therapy Page(s): 58.

Decision rationale: There was no recent clinical evaluation submitted for review to support deficits that would require medication management or medical treatment. MTUS Chronic Pain Guidelines recommend chiropractic care for recurrences and flare-ups and return to work is achieved. The clinical documentation submitted for review did not include any recent evaluation of deficits that would benefit from additional chiropractic care. The clinical documentation that was submitted for review did suggest that the patient underwent extensive chiropractic care previously that did not provide significant functional benefit. Therefore, additional chiropractic care would not be indicated. The request for 12 sessions of Spinal Decompression is not medically necessary and appropriate.

Right Elbow Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 595-95.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 28.

Decision rationale: The clinical documentation submitted for review did not provide any recent clinical exam findings to support deficits that would require medical treatment. The clinical documentation submitted for review does indicate that the patient had wrist pain. ACOEM Guidelines support the use of a brace as a conservative measure for elbow pain. However, there were no recent clinical findings to support the need for this type of conservative treatment. The request for Right Elbow Brace is not medically necessary and appropriate.