MAXIMUS Federal Services

Case Number:	CM13-0070003		
Date Assigned:	10/02/2014	Date of Injury:	02/21/2012
Decision Date:	11/06/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/23/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management 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 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/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:

According to the records made available for review, this is a 55-year-old male with a 2/21/12 date of injury. At the time (11/19/13) of the request for authorization for physical therapy twice a week for four weeks for the left elbow, orthopedic consultation, home TENS/EMS unit, echocardiogram, and EKG, there is documentation of subjective (intermittent moderate dull, achy, sharp left elbow pain, stiffness and weakness) and objective (ranges of motion are painful, there is +3 tenderness to palpation of the anterior elbow, lateral elbow and medial elbow, Tinel's and reverse Mill's are positive) findings, current diagnoses (left cubital tunnel syndrome, left elbow neuralgia, left elbow pain, left elbow sprain/strain, loss of sleep, and sleep disturbance), and treatment to date (medication and 7 physical therapy visits). Regarding physical therapy twice a week for four weeks for the left elbow, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with physical therapy completed to date; and a statement of exceptional factors to justify going outside of guideline parameters. Regarding orthopedic consultation, there is no documentation that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Regarding echocardiogram, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings for which an ECHO test is indicated. Regarding EKG, there is no documentation of a condition/diagnosis (with supportive clinical findings) for which an EKG is indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy twice a week for four weeks for the left elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Physical therapy

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of cubital tunnel syndrome not to exceed 14 visits over 6 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of left cubital tunnel syndrome, left elbow neuralgia, left elbow pain, left elbow sprain/strain, loss of sleep, and sleep disturbance. In addition, there is documentation of 7 physical therapy sessions completed to date. However, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with physical therapy completed to date. In addition, given that the requested physical therapy twice a week for four weeks for the left elbow, in addition to the already completed 7 physical therapy sessions exceeds guidelines, there is no documentation of a statement of exceptional factors to justify going outside of guideline parameters. Therefore, based on guidelines and a review of the evidence, the request for physical therapy twice a week for four weeks for the left elbow is not medically necessary.

Orthopedic consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines Chapter 7

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and consultations, page(s) 127

Decision rationale: MTUS reference to ACOEM guidelines identifies that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work, as criteria necessary to support the medical necessity to support the medical necessity of consultation. Within the medical information available for review, there is documentation of diagnoses of left cubital tunnel syndrome, left elbow neuralgia, left elbow pain, left elbow sprain/strain, loss of sleep, and sleep disturbance. However, there is no documentation identifying how the requested orthopedic consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Therefore, based on guidelines and a review of the evidence, the request for orthopedic consultation is not medically necessary.

Home TENS/EMS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain Page(s): 115.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS); Neuromuscular Electrical Stimulation Page(.

Decision rationale: Regarding TENS, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS, as criteria necessary to support the medical necessity of a month trial of a TENS unit. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of how often the unit was used, outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period (including medication use), as criteria necessary to support the medical necessity of continued TENS unit. Regarding EMS, MTUS Chronic Pain Medical Treatment Guidelines states that neuromuscular electrical stimulation (NMES) is not recommended. In addition, MTUS Chronic Pain Medical Treatment Guidelines states that NMES is primarily used as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. Therefore, based on guidelines and a review of the evidence, the request for home TENS/EMS unit is not medically necessary.

Echocardiogram: Upheld

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 Other Medical Treatment Guideline or Medical Evidence: http://content.onlinejacc.org/cgi/content/full/j.jacc.2007.12.005

Decision rationale: MTUS and ODG do not address the issue. Medical Treatment Guidelines identify documentation of a diagnosis/condition (with supportive subjective/objective findings) for which an ECHO test is indicated (such as: Detection of CAD: Symptomatic--Evaluation of Chest Pain Syndrome or Anginal Equivalent: Low pre-test probability of CAD: ECG uninterpretable OR unable to exercise; Intermediate pre-test probability of CAD: ECG interpretable AND able to exercise, ECG uninterpretable OR unable to exercise; High pre-test probability of CAD, regardless of ECG interpretability and ability to exercise; Prior stress ECG test is uninterpretable or equivocal. Detection of CAD: Symptomatic--Acute Chest Pain: Intermediate pre-test probability of CAD: ECG--no dynamic ST changes AND serial cardiac enzymes negative. Detection of CAD: Symptomatic--New-Onset/Diagnosed Heart Failure With Chest Pain Syndrome or Anginal Equivalent: Intermediate pre-test probability, Normal LV systolic function. Detection of CAD/Risk Assessment: Without Chest Pain Syndrome or Anginal Equivalent in Patient Populations With Defined Comorbidities--New-Onset or Diagnosed Heart Failure or LV Systolic Dysfunction: Moderate CHD risk (Framingham), No prior CAD evaluation, Normal LV systolic function. Detection of CAD/Risk Assessment: Without Chest Pain Syndrome or Anginal Equivalent in Patient Populations With Defined Comorbidities--New-Onset Atrial Fibrillation: Moderate to high CHD risk (Framingham), Part of the evaluation.

Detection of CAD/Risk Assessment: Without Chest Pain Syndrome or Anginal Equivalent in Patient Populations With Defined Comorbidities--Nonsustained Ventricular Tachycardia: Moderate to high CHD risk (Framingham), Stress echo using exercise stress only. Risk Assessment with Prior Test Results--Worsening Symptoms: Abnormal Catheterization OR Abnormal Prior Stress Imaging Study: Re-evaluation of medically managed patients. Risk Assessment With Prior Test Results--Asymptomatic, Prior Coronary Calcium Agatston Score: Agatston score greater than or equal to 400. Risk Assessment With Prior Test Results--Chest Pain Syndrome or Anginal Equivalent: Coronary artery stenosis of unclear significance (cardiac catheterization or CT angiography). Risk Assessment: Preoperative Evaluation for Noncardiac Surgery--Intermediate-Risk Surgery: Poor exercise tolerance (less than or equal to 4 METs), Intermediate clinical risk predictors; Risk Assessment: Preoperative Evaluation for Noncardiac Surgery--High-Risk Nonemergent Surgery: Poor exercise tolerance (less than 4 METs). Risk Assessment: Following Acute Coronary Syndrome-UA/NSTEMI--No Recurrent Symptoms or Signs of Heart Failure: Not planning to undergo early catheterization. Risk Assessment: Post-Revascularization (PCI or CABG)--Symptomatic: Evaluation of chest pain syndrome, Not in the early post-procedure period. Ischemic Cardiomyopathy Assessment of Viability/Ischemia--Ischemic Cardiomyopathy, Assessment of Viability/Ischemia: Known CAD on catheterization, Patient eligible for revascularization. Stress Study for Hemodynamics (Includes Doppler During Stress)—Valvular Stenosis: Evaluation of equivocal aortic stenosis, Evidence of low cardiac output, Use of dobutamine, Symptomatic individuals, Mild mitral stenosis, Asymptomatic severe AI or MR, LV size and function not meeting surgical criteria), as criteria necessary to support the medical necessity of an ECHO test. Within the medical information available for review, there is documentation of diagnoses of left cubital tunnel syndrome, left elbow neuralgia, left elbow pain, left elbow sprain/strain, loss of sleep, and sleep disturbance. However, there is no documentation of a diagnosis/condition (with supportive subjective/objective findings) for which an ECHO test is indicated. Therefore, based on guidelines and a review of the evidence, the request for echocardiogram is not medically necessary.

EKG: Upheld

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 Other Medical Treatment Guideline or Medical Evidence: (http://emedicine.medscape.com/article/1894014-overview)

Decision rationale: MTUS and ODG do not address this issue. Medical Treatment Guideline identifies documentation of a condition/diagnosis (with supportive clinical findings) for which an EKG is indicated (such as: disorders of cardiac rhythm; evaluation of syncope; evaluation of patients with implanted defibrillators and pacemakers; detection of myocardial injury or ischemic coronary disease; the presence of prior infarction; evaluation of metabolic disorders; effects and side effects of pharmacotherapy; and/or the evaluation of primary and secondary cardiomyopathic processes), as criteria necessary to support the medical necessity of EKG. Within the medical information available for review, there is documentation of diagnoses of left cubital tunnel syndrome, left elbow neuralgia, left elbow pain, left elbow sprain/strain, loss of sleep, and sleep disturbance. However, there is no documentation of a condition/diagnosis (with supportive clinical findings) for which an EKG is indicated. Therefore, based on guidelines and a review of the evidence, the request for EKG is not medically necessary.