

Case Number:	CM13-0071857		
Date Assigned:	01/08/2014	Date of Injury:	07/12/2012
Decision Date:	04/24/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/30/2013

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 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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic elbow and forearm pain reportedly associated with an industrial injury of July 12, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy, chiropractic manipulative therapy, and acupuncture over the life of the claim; topical compounds; and extensive periods of time off of work. In a Medical Legal Evaluation of October 22, 2013, it is noted that the applicant is no longer working. It is noted that the applicant has had six weeks of physical therapy and at least 12 sessions of acupuncture over the life of the claim. The applicant has not worked since the date of injury, July 12, 2012. The applicant maintains that he is unable to return to any form of work at this point. The applicant is given a primary diagnosis of medial and lateral epicondylitis. He is given permanent work restrictions and a 20% whole-person impairment rating, apparently using a suspected diagnosis of complex regional pain syndrome (CRPS). An earlier handwritten progress note of October 17, 2013 is difficult to follow, not entirely legible, notable for ongoing complaints of shoulder pain, and seemingly notable for comments that the applicant is using multiple topical compounds. On September 19, 2013, the applicant was seemingly described by the primary treating provider as reporting multifocal 8/10 pain. The applicant is placed off of work, on total temporary disability, is asked to obtain an orthopedic consultation, acupuncture, and pursue extracorporeal shock wave therapy while remaining off of work, on total temporary disability. Earlier notes interspersed throughout 2013 also suggested the applicant is off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

22 SESSIONS OF ACUPUNCTURE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the Acupuncture Medical Treatment Guidelines, acupuncture may be extended if there is evidence of functional improvement. In this case, however, the applicant, per the medical legal evaluation of September 2013, had had prior acupuncture in unspecified amounts over the life of the claim, including at least 12 sessions of treatment. There was, however, no evidence of functional improvement following completion of the same, which would justify further treatment beyond the guideline. The applicant remains highly dependent on various medications, treatments. He has failed to return to any form of work, several years removed from the date of injury. All of the above indicate a lack of functional improvement despite having completed at least 12 prior sessions of acupuncture. Therefore, the request for additional acupuncture is not certified.

28 SESSIONS OF CHIROPRACTIC CARE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines, 2013, Elbow

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, anywhere from 18 to 24 sessions of chiropractic manipulative therapy are endorsed in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status. In this case, however, the applicant has failed to return to any form of work, several years removed from the date of injury, implying that prior unspecified amounts of manipulative therapy performed were unsuccessful. Additional manipulative therapy is not indicated, in the face of the applicant's failure to return to any form of work. Therefore, the request is not certified, on Independent Medical Review.

TWO (2) FUNCTIONAL CAPACITY EVALUATIONS (RETRO: 5/21/13 AND 8/19/13): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines, 2013, Elbow

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Hardening/Work Conditioning Page(s): 125. Decision based on Non-MTUS Citation

Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7) pages 137-138

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, functional capacity evaluation (FCE) testing can be performed as a precursor to enrolment in a work hardening or work conditioning program. In this case, however, there is no indication that the claimant is intent on enrolling in work hardening and/or work conditioning. It is further noted that FCE testing is overly used, widely promoted, and not necessarily an accurate representation or characterization of what an applicant can or cannot do in the workplace and/or workforce. In this case, the applicant is off of work, on total temporary disability, over a year remote from the date of injury. It is not clear how the FCE testing in question influences or alters the treatment plan. Therefore, the earlier FCE testing is retrospectively not certified, on Independent Medical Review.

SIX (6) EXTRACORPOREAL SHOCK WAVE THERAPY TREATMENTS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines, 2013, Elbow

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 29.

Decision rationale: The attending provider did not clearly state which body parts he intended for the applicant to receive extracorporeal shock wave therapy (ESWT) on. However, an earlier progress note of July 16, 2013 suggests that the ESWT was performed upon the elbow. As noted in the 2007 ACOEM Elbow Chapter, page 29, extracorporeal shock wave therapy is "strongly recommended against." In this case, the attending provider has not proffered any applicant-specific rationale, narrative or commentary along with the request for authorization so as to try and offset the unfavorable ACOEM recommendation. Therefore, the request remains not certified, on Independent Medical Review.

COMPOUNDED TOPICAL MEDICATIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 45, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: According to the California MTUS-adopted ACOEM Guidelines oral pharmaceuticals are a first-line palliative method. In this case, however, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of topical analgesic or topical compounds, which are, according to guidelines, largely experimental. Therefore, the request is retrospectively not certified, on Independent Medical Review.

SIX (6) QUANTITATIVE URINE DRUG SCREENS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do support intermittent drug testing in the chronic pain population, the MTUS does not establish parameters for or identify a frequency with which to perform urine drug testing. However, as noted in the ODG Chronic Pain Chapter, Urine Drug Testing topic, some criteria for pursuit of urine drug testing include recommendations to conform to the best practice of the Department of Transportation (DOT), which represents the most legally defensible means of performing drug testing. The ODG also suggests that an attending provider furnish an applicant's complete medication list along with the request for drug testing. In this case, again, no medication list was clearly provided. It is further noted that ODG does not recommend performing quantitative drug testing outside of the emergency department drug overdose context. In this case, the attending provider is seeking authorization for the applicant to receive urine drug testing in the office-setting context. Quantitative testing is not indicated in this context, per ODG. Therefore, the request is not certified.

PURCHASE OF AN E-STIM WITH SUPPLIES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of TENS Page(s): 116.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, purchase of a TENS unit should be considered only after there has been evidence of a successful one-month trial of the same, with favorable outcomes in terms of both pain relief and function. In this case, however, there is no evidence that the applicant had had an earlier successful one-month trial of the device in question. Therefore, the request for a purchase of the same is not certified, on Independent Medical Review.