

Case Number:	CM14-0011250		
Date Assigned:	02/21/2014	Date of Injury:	01/31/2013
Decision Date:	08/22/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/28/2014

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 patient is a 51-year-old female who has filed a claim for left medial epicondylitis associated with an industrial injury date of January 31 2013. Review of progress notes indicates left elbow pain with numbness and tingling sensation. Findings include decreased bilateral grip strength, tenderness over medial and lateral epicondyles, slightly decreased range of motion, and positive cubital tunnel sign. Patient is working with temporary restrictions. Treatment to date has included physical therapy, corticosteroid injection, elbow support, NSAIDs, Tylenol, topical analgesics, ice/hot packs, chiropractic therapy, and acupuncture. Utilization review from January 23, 2014 denied the requests for chiropractic treatment with physiotherapy and myofascial release 2x6 for the left elbow as there is no recommendation on using manipulation for the elbow; functional restoration program 2x6 for the left elbow as there is no evidence that methods of treating chronic pain have been unsuccessful; range of motion and muscle strength testing for the left elbow as there was no indication on how these would be of value in the diagnosis or treatment of the patient's chronic elbow pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT WITH PHYSIOTHERAPY AND MYOFASCIAL RELEASE TWO (2) TIMES A WEEK FOR SIX (6) WEEKS FOR THE LEFT ELBOW:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that the goal of manual therapy is to achieve positive symptomatic or objective measurable functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. It is not recommended for the forearm, wrist, and hand. In this case, although the patient obtained benefit from physical therapy sessions, chiropractic therapy is not recommended for the elbow condition. Therefore, the request for chiropractic treatment with physiotherapy and myofascial release 2x6 for the left elbow was not medically necessary.

ACUPUNCTURE TWO (2) TIMES A WEEK FOR SIX (6) WEEKS FOR THE LEFT ELBOW: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function chapter, page 114.

Decision rationale: As noted on page 114 of the CA MTUS ACOEM Guidelines, they stress the importance of a time-limited treatment plan with clearly defined functional goals, with frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician is paramount. In addition, Acupuncture Medical Treatment Guidelines state that acupuncture may be used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Functional improvement should be observed within 3-6 treatments, with treatments rendered 1 to 3 times per week and an optimum duration of 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. In this case, there is no documentation regarding the functional gains expected from acupuncture treatment or of failure of or intolerance to pain medications. Also, the requested quantity exceeds guideline recommendations. Therefore, the request for acupuncture 2x6 for the left elbow was not medically necessary.

FUNCTIONAL RESTORATION PROGRAM TWO (2) TIMES A WEEK FOR SIX (6) WEEKS FOR THE LEFT ELBOW: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN PROGRAMS, (FUNCTIONAL RESTORATION PROGRAMS) Page(s): 32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32.

Decision rationale: According to pages 30-32 of the California MTUS Chronic Pain Medical Treatment Guidelines, functional restoration programs are recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk for delayed recovery. Patients should be motivated to improve and return to work. Criteria for use of multidisciplinary pain management programs include an adequate and thorough multidisciplinary evaluation has been made, unsuccessful attempts with conservative treatment options, significant loss of ability to function independently due to the chronic pain, and the patient is not a surgical candidate. Negative predictors of success include a negative relationship with the employer, poor work adjustment and satisfaction, negative outlook about future employment, high levels of psychosocial distress, involvement in financial disability disputes, greater rates of smoking, duration of pre-referral disability time, prevalence of opioid use, and pre-treatment levels of pain. In this case, the patient obtained improvement from prior physical therapy sessions and uses pain medications minimally. There are still other conservative treatment modalities that the patient has not tried. Also, the patient is currently working with modified restrictions, and progress notes indicate that the patient will likely be able to transition back to full duty capacity. Therefore, the request for functional restoration program 2x6 for the left elbow was not medically necessary.

RANGE OF MOTION TESTING FOR THE LEFT ELBOW: Upheld

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

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

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, flexibility should be part of a routine musculoskeletal evaluation. There is no discussion regarding range of motion testing for the elbow. However, there is no documentation as to why specialized range of motion testing for the left elbow is necessary over the range of motion testing derived from routine physical examination. Therefore, the request for range of motion testing for the left elbow was not medically necessary.

MUSCLE STRENGTH TESTING FOR THE LEFT ELBOW: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg chapter, Computerized muscle testing.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, computerized muscle testing is not recommended. There are no studies to support computerized strength testing for the extremities. In this case, there is no documentation as to why specialized muscle strength testing for the left elbow is necessary over the muscle strength testing from routine physical examination. Therefore, the request for muscle strength testing for the left elbow was not medically necessary.