

Case Number:	CM14-0113426		
Date Assigned:	08/01/2014	Date of Injury:	09/07/2013
Decision Date:	09/11/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/21/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 47 year old male was reportedly injured on 9/7/2013. The mechanism of injury was noted as cumulative trauma injury. The most recent progress note, dated 7/21/2014, indicated that there were ongoing complaints of right shoulder and right elbow pains. The physical examination demonstrated right elbow positive tenderness to palpation at the right epicondyle, 5/5 motor strength, no swelling, and normal sensation to light touch. Diagnostic imaging studies mentioned an MRI of the right elbow, dated 1/8/2014, which revealed proximal, and extensor tendinopathy with interstitial tear at the lateral epicondyle insertion. No surface or full thickness tear was present. Previous treatment included physical therapy, medication, chiropractic care, and activity modification. A request was made for physical therapy and acupuncture of the right elbow twelve sessions, and was not certified in the preauthorization process on 7/9/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x12 of right lateral epicondylitis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines- Elbow ChapterACOEM -Pain, Suffering and the Restoration of Function Chapter- page 114.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 433-434 and page 437.

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) guidelines recommend use of physical therapy for elbow conditions. It is reasonable to expect that if a particular treatment is going to benefit a particular patient, beneficial effects should be evident within two to three visits. Continuing with a treatment that has not resulted in objective improvement is not reasonable. Treatment that has not resulted in improvement after a couple of visits should either be modified substantially or discontinued. It should be expected that most patients with more severe conditions receive eight to twelve visits over six to eight weeks, as long as functional improvement and program progression are documented. After reviewing the medical documentation provided, it is noted the injured worker has had previous physical therapy visits, but there is no documentation of improvement with physical therapy. Also number of visits exceeds guideline criteria. Without exceptional documentation for additional visits, or documentation of improvement from previous visits, this request is deemed not medically necessary.

Acupuncture x 12 right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM -Pain, Suffering and the Restoration of Function Chapter- page 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) guidelines support acupuncture as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation to hasten functional recovery. When noting the claimant's diagnosis, date of injury, clinical presentation, and the lack of documentation of failure of conservative treatments or an ongoing physical rehabilitation program, there is insufficient clinical data provided to support a trial of acupuncture. Therefore, this request is not considered medically necessary.