

Case Number:	CM14-0124218		
Date Assigned:	08/08/2014	Date of Injury:	04/04/2013
Decision Date:	10/23/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	08/06/2014

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, 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:

The records presented for review indicate that this 46-year-old female was reportedly injured on April 4, 2013. Previous treatment has included physical therapy for the left elbow. The most recent progress note, dated June 24, 2014, indicates that there are ongoing complaints of left elbow pain. The physical examination demonstrated tenderness at the lateral aspect of the left elbow. Diagnostic imaging studies were not presented for review. A request had been made for acupuncture, chiropractic care, as well as EMG and NCV studies and was not certified in the pre-authorization process on July 8, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture with [REDACTED] - Left Elbow- 1 Time a Week for 10 Weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13 of 127.

Decision rationale: The California MTUS Guidelines supports 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 injured employee's diagnosis of elbow pain and the lack of

documentation of conservative treatments or response to pain medications or an on-going physical rehabilitation program, there is insufficient clinical data provided to support the use of acupuncture. As such, this request for acupuncture for the left elbow once week for 10 weeks is not medically necessary.

EMG (Unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The ACOEM practice guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurologic dysfunction in patients where a CT or MRI is equivocal and there are ongoing upper extremity symptoms that have not responded to conservative treatment. A review of the medical records does not indicate that there are any abnormal neurological findings present. As such, this request for EMG and NCV studies is not medically necessary.

NCS (Unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The ACOEM practice guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurologic dysfunction in patients where a CT or MRI is equivocal and there are ongoing upper extremity symptoms that have not responded to conservative treatment. A review of the medical records does not indicate that there are any abnormal neurological findings present. As such, this request for EMG and NCV studies is not medically necessary.

Chiro with [REDACTED] 2 Times a Week for 3 Weeks: 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 Official Disability Guidelines (ODG), Elbow, Manipulation, Updated May 15th 2014.

Decision rationale: According to the Official Disability Guidelines up to three visits of chiropractic care are recommended-based upon documentation of objective improvement. A

further trial of up to three more visits with further objectification of long-term resolution of symptoms plus active self-directed home therapy is then recommended. As this request is for two visits of physical therapy three times a week, this request for chiropractic care is not medically necessary.