

Case Number:	CM14-0175330		
Date Assigned:	10/28/2014	Date of Injury:	08/30/2014
Decision Date:	12/05/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/23/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 injured worker is a 26 year old female who was injured at work on 08/30/2014. The injury is believed to be caused by repetitive lifting, pulling, pushing of heavy objects, stooping, bending, grasping, griping, and twisting from 08/30/2013 to 08/30/2014. The injured worker is reported to be complaining of achy right elbow pain with weakness sensations, low back pain with pulsating sensations, and difficulty with activities of daily living. The physical examination revealed tenderness at the lumbar paraspinal, and bilateral quadratus lumborum muscles with spasms, decreased range of motion of the lumbar spine, positive left straight leg raise, and decreased strength, tenderness to touch of the flexor muscles and lateral epicondyle of the right elbow with spasms, decreased right elbow range of motion, positive cubital Tinel's test, and decreased strength. She has been diagnosed of right elbow strain/sprain, right elbow ulnar neuritis, and lumbar spine sprain/strain. At dispute are the requests for Chiropractic treatment with chiropractic supervised physiotherapy 2x week for 6 weeks; X-rays, right elbow; EMG/NCS bilateral upper extremity ; ROM and muscle testing ; Acupuncture 2x week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment with chiropractic supervised physiotherapy 2x week for 6 weeks:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation; Physical Medicine Page(s): 58; 98-99.

Decision rationale: The injured worker sustained a work related injury on 08/30/2014. The medical records provided indicate the diagnosis of right elbow strain/sprain, right elbow ulnar neuritis, and lumbar spine sprain/strain. The medical records provided for review do not indicate a medical necessity for Chiropractic treatment with chiropractic supervised physiotherapy 2 x weeks for 6 weeks. The MTUS recommends a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, for a total of up to 18 visits over 6-8 weeks for ordinary manual chiropractic care; but recommends the use of the physical medicine guidelines for active chiropractic care. Since the requested treatment is supervised physiotherapy, the physical medicine guideline was used in decision. The guidelines recommends a fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Therefore, the requested treatment is not medically necessary and appropriate.

X-rays, right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 34, 43.

Decision rationale: The injured worker sustained a work related injury on 08/30/2014. The medical records provided indicate the diagnosis right elbow strain/sprain, right elbow ulnar neuritis, and lumbar spine sprain/strain. The medical records provided for review do not indicate a medical necessity for X-rays, right elbow. The MTUS does not recommend imaging studies for the elbow except if, the imaging study results will substantially change the treatment plan; or the emergence of red flags; or failure to progress in a rehabilitation program, and there is evidence of significant tissue insult or neurological dysfunction that is correctable by surgery. Since the case does not meet any of the listed criteria, the request is not medically necessary and appropriate.

EMG/NCS bilateral upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck and Upper Back, electromyography (EMG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 34.

Decision rationale: The injured worker sustained a work related injury on 08/30/2014. The medical records provided indicate the diagnosis right elbow strain/sprain, right elbow ulnar neuritis, and lumbar spine sprain/strain. The medical records provided for review do not indicate a medical necessity for EMG/NCS bilateral upper extremity. The report indicates the worker

injured her right elbow; however, the requested test is for nerve studies of both elbows. Also, the MTUS recommends against special studies except in cases presenting with red flags, failed conservative treatment, when the test will substantially change the method of treatment, or when surgery is anticipated. Nevertheless, the MTUS recommends nerve studies earlier than four weeks of treatment if the patient is suspected to be suffering from cervical radiculopathy (which presents with pain in the outer part of the arm); or when there is suspicion for nerve entrapment (in which case the patient presents with wasting in the affected area of the limb). Since the records reviewed do not provide evidence indicating the injured worker has any of the listed features, the requested treatment is not medically necessary.

ROM and muscle testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back Chapter

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 - Lumbar & Thoracic (Acute & Chronic); Forearm, Wrist, & Hand (Acute & Chronic) >, <Flexibility; Computerized muscle testing >

Decision rationale: The injured worker sustained a work related injury on 08/30/2004. The medical records provided indicate the diagnosis right elbow strain/sprain, right elbow ulnar neuritis, and lumbar spine sprain/strain. The medical records provided for review do not indicate a medical necessity for ROM and muscle testing. Though the Official Disability Guidelines recommends range of motion testing as part of the routine musculoskeletal evaluation, it recommends against range of motion testing as a primary test because the relation between lumbar range of motion measures and functional ability is weak or nonexistent. Similarly, the ODG recommends against computerized muscle testing.

Acupuncture 2x week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The injured worker sustained a work related injury on 08/30/2004. The medical records provided indicate the diagnosis right elbow strain/sprain, right elbow ulnar neuritis, and lumbar spine sprain/strain. The medical records provided for review do not indicate a medical necessity for Acupuncture 2x week for 6 weeks. The MTUS does not recommend acupuncture except when pain medication is reduced or not tolerated, or as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The requested treatment is not medically necessary because there is no documentation of previous treatment. Furthermore, when indicated, the MTUS recommends a time to produce functional improvement of 3 to 6 treatments. Additionally, the MTUS recommends that Acupuncture

treatments may be extended if functional improvement is documented. Since the request is for a total of 12 visits but no previous documentation of improvement after 3-6 visits, the requested treatment is not medically necessary.