

Case Number:	CM14-0180000		
Date Assigned:	10/31/2014	Date of Injury:	08/31/2013
Decision Date:	12/08/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/29/2014

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 North Carolina. 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 60-year-old female who reported an injury on 08/31/2013. The mechanism of injury was not submitted for review. The injured worker has diagnoses of bilateral elbow sprain/strain, right elbow lateral epicondylitis, left wrist carpal tunnel syndrome, and right wrist sprain/strain. Past medical treatment consisted of the use of a TENS unit, chiropractic therapy, acupuncture, physical therapy, and medication therapy. On 07/30/2014, the injured worker underwent x-rays of the right elbow, which revealed no fracture to the humerus, radius, or ulna. There were no significant degenerative changes seen. On 07/25/2014, an MRI of the right elbow was obtained showing tendinosis consistent with lateral epicondylitis. There were radiohumeral and ulnohumeral joint effusion. On 09/30/2014, the injured worker complained of bilateral elbow pain. It was noted that the injured worker rated the pain at a 5/10 to 6/10. There was tenderness to palpation at the lateral epicondyles. Range of motion revealed a flexion of 140 degrees bilaterally, extension of 0 degrees bilaterally, pronation of 90 degrees bilaterally, and supination of 90 degrees bilaterally. Cozen sign was positive on the right and negative on the left. Sensation to pinprick and light touch was slightly diminished over the C5, C6, C7, C8, and T1 dermatomes bilaterally. Muscle strength was 4/5 in all of the represented muscle groups in the bilateral upper extremities. Deep tendon reflexes were 2+ and symmetrical in the bilateral upper extremities. Medical treatment plan is for the injured worker to continue with shockwave therapy, physical therapy, chiropractic therapy, acupuncture therapy, and undergo EMG/NCV to the bilateral upper extremities. Rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave therapy 3 times a week for 6 weeks, PT/Chiro/Acupuncture 3 times a week for 6 weeks to the bilateral elbows: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Manual therapy & manipulation.

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

Decision rationale: The request for Shockwave therapy 3 times a week for 6 weeks, PT/Chiro/Acupuncture 3 times a week for 6 weeks to the bilateral elbows is not medically necessary. It was indicated in the submitted documentation that the injured worker was undergoing physical therapy, chiropractic therapy, and acupuncture therapy. However, there was no indication as to the progress that the injured worker was receiving due to the therapy. The efficacy was not submitted for review. Additionally, there was no rationale submitted by the provider to indicate how they felt continuing with the therapy would be beneficial to the injured worker. It is also unclear as to how the injured worker would not benefit from a home exercise program. Given the above, the injured worker is not within recommended guideline criteria. As such, the request is not medically necessary.

EMG/NCV to the bilateral upper extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for EMG/NCV to the bilateral upper extremities is not medically necessary. The California MTUS/ACOEM Guidelines state that electromyography and nerve conduction velocities, including H-reflex tests, may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 to 4 weeks. The submitted documentation indicated that the injured worker had neck pain. There was a lack of neurologic deficits pertaining to the cervical spine and arms. There was also lack of evidence of a positive Spurling's test, decreased reflexes, decreased strength, or decreased sensation. An adequate examination of the injured worker was not provided, detailing current deficits, to warrant an EMG of the upper extremity. As such, the request is not medically necessary.