

Case Number:	CM14-0021625		
Date Assigned:	05/05/2014	Date of Injury:	12/03/2012
Decision Date:	07/17/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/20/2014

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 Interventional Spine, 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 44-year-old male with a date of injury of 12/03/2012. The listed diagnoses per [REDACTED] are: 1. Right lateral epicondyle pain. 2. Status post right lateral epicondyle release with debridement on 06/19/2013. According to progress report 12/26/2013 by [REDACTED], the patient presents with intermittent moderate right elbow pain, weakness, and stiffness. On examination of the right elbow, there was +3 tenderness and decreased range of motion. Treatment history has included 17 postoperative physical therapy, acupuncture, cortisone injections, and medication. The treater is recommending additional physical therapy 3 times a week for 6 weeks and chiropractic treatments 3 times a week for 6 weeks for the right elbow. Utilization review denied the requests on 02/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC CARE FOR THE RIGHT ELBOW (3 TIMES A WEEK FOR 6 WEEKS) QTY: 18: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

Decision rationale: The CA MTUS guidelines, although do not specifically address elbow treatment but does recommend manual therapy for chronic pain if caused by musculoskeletal conditions. This review is for elbow pain, post operative. This patient has had both acupuncture and physical therapy treatment to the right elbow with not improvement in functional capacity. The date of injury was 12/03/12. The CA MTUS guidelines recommend initial trial of six visits within the first two weeks with evidence of improvement in functional capacity. There is not documentation found within the record of any functional improvement having occurred with prior treatment. The guidelines also state that treatment request must also include specific goal to be achieved with requested treatment with the eventual transitioning of the patient to a HEP and RTW. Further, the ODG treatment guidelines state that manipulation treatment to the elbow be recommended on a short term basis only, no more than 2-3 treatments if objective signs of improvements are observed and there is a decrease in pain VAS greater than 4 and returning to work is demonstrated. With lack of documentation, consistent with the above mentioned guidelines found in the records, the decision for Chiropractic treatments, 3xweeks for 6weeks totaling 18 visits is not medically necessary.

PHYSIOTHERAPY FOR THE RIGHT ELBOW (3 TIMES A WEEK FOR 6 WEEKS)

QTY: 18: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: This patient is status post right lateral epicondyle release with debridement on 06/19/2013. The medical records reveal the patient participated in 17 postoperative physical therapy sessions. On 12/26/2013, the patient continued to complain of pain, weakness, and stiffness in the right elbow. The treater recommended physiotherapy and kinetic activities 3 times a week for 6 weeks for the right elbow. This patient is outside of the postsurgical guidelines. For physical medicine, the MTUS guidelines pages 98 and 99 recommends, for myalgia and myositis-type symptoms, 9 to 10 sessions over 8 weeks. This patient has participated in 17 postop therapy following the 06/19/2013 surgery. The treater's request for 18 additional sessions exceeds what is recommended by MTUS. Furthermore, the treater does not provide a discussion as to why the patient would not be able to participate in a self-directed home exercise program. Recommendation is for denial.