

Case Number:	CM14-0068389		
Date Assigned:	07/14/2014	Date of Injury:	05/15/2011
Decision Date:	08/21/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/13/2014

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 licensed in Chiropractic 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:

According to the available medical records, this is a 43-year-old female patient with chronic elbows pain, thoracolumbar pain and wrists pain, date of injury 5/15/2010. Previous treatments include chiropractic, physiotherapy, physical therapy, medications, acupuncture, and shockwave therapy, injections in the right elbow, right elbow surgery, and home exercise program. Progress report dated 05/09/2014 by the treating doctor revealed right elbow surgery on 02/12/2014, her pain is well-controlled with the medication, she has intermittent numbness and tingling of her forearms and hand since the surgery. Exam of the right elbow revealed mild inflammation over a well-healed lateral epicondyle scar, peri-incisional tenderness to palpation. Diagnoses included right elbow lateral epicondylitis, right elbow internal derangement, bilateral upper extremity neuropathy, bilateral upper and lower extremity neuropathy, carpal tunnel syndrome, cervical spine post/status, myospasms, low back pain, lumbar disc protrusions, status post right lateral epicondyle release.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIRO/Physiotherapy:

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Chronic Pain page 58-59. Manual Therapy and Manipulation.Forearm, Wrist, &

Hand: Not recommended. Chronic Pain page 98-99. Recommended as indicated below. Passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, functions, range of motion, and can alleviate discomfort. Lateral epicondylitis/Tennis elbow: Postsurgical treatment: 12 visits over 12 weeks Postsurgical physical medicine treatment period: 6 months Page(s): 58-59; 98-99.

Decision rationale: Post-surgical physical medicine is recommended by CA MTUS guidelines with active therapy preferred over passive therapy for restoring flexibility, strength, endurance, function, range of motion. The progress report on 05/09/2014 did not revealed any functional difficulty, weakness, or decreased in ROM (range of motion), and there is no therapeutic exercise indicated. Furthermore, chiropractic manipulation and manual therapy is not recommended for the treatment of forearm, wrist and hand. Therefore, the request for 12 Chiropractic/Physiotherapy is not medically necessary.