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| <b>Case Number:</b>   | CM14-0075553 |                              |            |
| <b>Date Assigned:</b> | 08/06/2014   | <b>Date of Injury:</b>       | 05/27/2011 |
| <b>Decision Date:</b> | 09/24/2014   | <b>UR Denial Date:</b>       | 05/11/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/23/2014 |

### 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 Orthopaedic Surgery 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:

This 51-year-old male sustained an industrial injury on 5/27/11 pushing a cart. Records indicated that the patient was status post right elbow surgery x 2. The patient presented on 8/19/13 with complaints of grade 7/10 right elbow pain and popping, and frequent moderate left shoulder pain. Right elbow exam documented grade 4 weakness with healed surgical scar. Shoulder exam documented anterior tenderness to palpation with positive empty can test and 4/5 strength. The diagnosis was status post right elbow surgery, and right elbow and bilateral shoulder internal derangement. The treatment plan recommended physical therapy 2x6, acupuncture 1x6, x-rays of the elbow and shoulders, MR arthrogram of the right elbow, IF unit, and elbow wrap. The 11/15/13 progress report cited grade 4/10 bilateral shoulder and grade right elbow activity dependent pain. Physical exam documented lateral and medial epicondyle tenderness to palpation, pain on full extension, and decreased extension range of motion. The treatment plan recommended chiropractic/physical therapy 2x6, acupuncture 2x6, upper extremity EMG/NCV (Electromyography / Nerve Conduction Velocity), MRA (Magnetic Resonance Arthrogram) of the right elbow, orthopedic consult for right elbow, and compounded topical medications. Records indicated the patient had attended 8 physical therapy visits, 3 acupuncture visits, and 4 chiropractic visits as of 11/15/13 with no response documented relative to functional improvement in the records provided. The 5/11/14 utilization review denied the requests for right elbow MR arthrogram, orthopedic consult, acupuncture, physical therapy, exercise kit, and hot and cold packs. The rationale for the utilization review decision was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRA (Magnetic Resonance Arthrogram) of right elbow: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-34.

**Decision rationale:** The California MTUS elbow guidelines provide criteria for ordering imaging studies that include imaging will substantially change the treatment plan, emergence of a red flag, failure to progress in a rehab program, evidence of significant tissue insult or neurologic dysfunction that has been shown to be correctible by invasive treatment, and agreement by the patient to undergo invasive treatment if the presence of the correctible lesion is confirmed. Guideline criteria have been met. There is no reasonable documentation that the patient has failed to progress in a comprehensive rehab program. Clinical exam findings evidence significant tissue insult. Therefore, this request of MRA (Magnetic Resonance Arthrogram) of right elbow is medically necessary and appropriate.

**Ortho (orthopedic surgeon) Consult: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 35.

**Decision rationale:** The California MTUS guidelines state that referral for surgical consultation may be indicated for patients who have significant limitations of activity for more than 3 months, failed to improve with exercise programs to increase range of motion and strength of the musculature around the elbow, or clear clinical and electrophysiologic or imaging evidence of a lesion that has been show to benefit in both the short and long term from surgical repair. Guideline criteria have been met. There is documentation that the patient has significant limitations. There is reasonable documentation that the patient has failed to improve with exercise and has significant range of motion and strength deficits. There is clinical exam evidence of significant tissue insult. Therefore, this request of Ortho (orthopedic surgeon) Consult is medically necessary and appropriate.

**Six (6) Acupuncture sessions: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The California MTUS acupuncture guidelines indicate that acupuncture may be used as an option when pain medication is reduced or not tolerated, and it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Guidelines state that 3 to 6 treatments allow time to produce functional improvement. Acupuncture treatments may be extended if functional improvement is documented as defined in the guidelines. The optimum duration of acupuncture is 1 to 2 months. Guideline criteria have not been met. The patient had at least 3 acupuncture visits with no documentation of functional improvement. There is no indication that pain medications have not been effective. There is no documentation of a functional deficit to be addressed by acupuncture. Therefore, this request six (6) Acupuncture sessions is not medically necessary and appropriate.

**Twelve (12) Physical Therapy sessions to right elbow: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 25-26.

**Decision rationale:** The California MTUS elbow guidelines state that it is reasonable to expect that if a particular treatment is going to benefit a particular patient, beneficial effects should be evident within 2-3 visits. Continuing with a treatment that has not resulted in objective improvement is not reasonable. Guidelines suggest that most patients with more severe conditions receive 8-12 visits over 6-8 weeks, as long as functional improvement and program progression are documented. Patients with mild symptoms may require either no therapy appointments or only a few appointments. Those with moderate problems may require 5-6 visits. In general, physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. Guideline criteria have not been met. This patient received 8 physical therapy visits with no documentation of functional improvement or evidence of program progression. There is no stated functional treatment goal. There is no compelling reason to support the medical necessity of additional supervised physical therapy over a home exercise program. Therefore, this request of twelve (12) Physical Therapy sessions to right elbow is not medically necessary and appropriate.

**Exercise Kit for right elbow: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 26-27.

**Decision rationale:** The California MTUS elbow guidelines recommend instruction in home exercise. Guidelines state that there are quality studies available regarding exercise programs, but that there is no good evidence for any one specific exercise strategy. Guideline criteria have not been met. There is no compelling reason to support the medical necessity of a pre-packaged

generic elbow exercise kit over an individualized home exercise program designed by the patient's physical therapist or physician. There is no evidence that the patient does not have a home exercise program. Therefore, this request of exercise kit for right elbow is not medically necessary and appropriate.

**Hot and cold packs:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 27.

**Decision rationale:** The California MTUS elbow guidelines indicate that quality studies have not demonstrated benefit regarding cryotherapy or heat therapy for elbow complaints. However, hot and cold packs are low cost options for at-home applications, have few side effects, and are not invasive. Guidelines recommend home applications of heat or cold packs. Therefore, this request of Hot and cold packs is medically necessary and appropriate.