

Case Number:	CM14-0081126		
Date Assigned:	07/18/2014	Date of Injury:	01/02/2014
Decision Date:	09/03/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/02/2014

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 Illinois. 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 th

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 41 year-old female who reported an injury on 01/02/2014. She reportedly sustained injuries to her neck, shoulders, arms, hands, and fingers. Her job duties consisted of answering phones, keyboarding, customer service, lifting, carrying up to 5 pounds, grip, grasp, and repetitively using her hands. The injured worker's treatment history included urine drug screen, medications, 10 physical therapy sessions, 12 chiropractic treatments, and EMG/NCV. The injured worker was evaluated on 04/02/2014, and is documented that the injured worker complained of cervical spine, lumbar spine, wrists/hands, and increased pain with activities of daily living. The provider noted her current pain level was 5/10 to 6/10 to 5/10 to 8/10. Cervical range of motion flexion/extension 30 degrees, left/right rotation 45 degrees, and left/right lateral 25 degrees. Range of motion of thoracolumbar was flexion/extension 20 degrees and left/right lateral 20 degrees. Medications included Methocarbamol, Diovan, Bupropion, and Estrogen patches. Diagnoses included right/thumb tendinitis, strain/myofascial pain syndrome cervical spine, and strain/myofascial pain syndrome thoracic, strain/myofascial syndrome lumbar spine with x-ray findings and hand numbness, and insomnia. The request for authorization dated for 03/20/2014 was for Voltaren cream however, the rationale was not submitted for this review. The request for authorization dated for 03/19/2014 was for Extracorporeal Shockwave Therapy to bilateral wrists and thumb base. However, the rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six sessions of chiropractic therapy: Upheld

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

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

Decision rationale: The California MTUS Guidelines may support up to 18 visits of chiropractic sessions. Manual Therapy & Manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. The documents submitted lacked outcome measurements of prior physical therapy sessions, chiropractic treatments and home exercise regimen. In addition, the request failed to indicate location where chiropractic therapy is required for the injured worker. Given the above, the request for 6 sessions of chiropractic sessions are not medically necessary.

Extracorporeal shockwave therapy to bilateral wrist and thumb base: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273 & 33-40.

Decision rationale: According to the California MTUS/ACOEM guidelines do not recommend shockwave therapy for wrists and thumb base. The guidelines strongly recommended against shock wave therapy for the wrist and hand. The authors concluded that despite improvement in pain scores and pain-free maximum grip strength within groups, there does not appear to be a meaningful difference between treating lateral epicondylitis with extracorporeal shock wave therapy combined with a forearm-stretching program and treating with forearm-stretching program alone, with respect to resolving pain within an 8-week period of commencing treatment. The second high-quality study evaluated 272 patients with at least 6 months of conservative treatment (135 received ESWT and 137 received placebo ESWT) and found that ESWT as applied in the present study was ineffective in the treatment of lateral epicondylitis. One of the meta-analyses reviewed two studies, concluding no added benefit of ESWT over that of placebo in the treatment of LE [lateral epicondylitis]. The other review analyzed nine studies (the studies reviewed above) and concluded that when data were pooled, most benefits were not statistically significant. There was no difference for participants early or late in the course of condition. Quality studies are available on extracorporeal shockwave therapy in acute, sub-acute, and chronic lateral epicondylalgia patients and benefits have not been shown. This option is moderately costly, has some short-term side effects, and is not invasive. Thus, there is a recommendation against using extracorporeal shockwave therapy. The guidelines do not recommend this procedure to be done on the wrists or thumb. In addition, the documents submitted indicated the injured worker having conservative care, however there was no

indication of failed outcome measurements. Given the above, the request for shockwave therapy to bilateral wrist and thumb base is not medically necessary.