

Case Number:	CM14-0083300		
Date Assigned:	07/21/2014	Date of Injury:	06/12/2012
Decision Date:	09/18/2014	UR Denial Date:	05/10/2014
Priority:	Standard	Application Received:	06/05/2014

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 & 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 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 58-year-old female who reported injury on 06/12/2012. The mechanism of injury was not indicated in the submitted report. The injured worker has diagnoses of right cubital tunnel syndrome. The only documented evidence of past medical treatment consisted of conservative care. The reports do not specify what type of conservative care the injured worker has undergone. A CMP (Complete Metabolic Panel) was done on 11/27/2013. The injured worker underwent right subcutaneous ulnar nerve transposition on 12/19/2013. The injured worker complained of right upper extremity pain and numbness. There were no measurable pain levels documented in the submitted report. The report submitted for review lacked any evidence of objective physical findings on the injured worker. There were no medications indicated in the submitted report as well. The treatment plan is for the injured worker to undergo 12 chiropractic sessions and the use of a home OrthoStim unit. The 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:

12 Chiropractic manipulative therapy sessions (through [REDACTED]):
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The injured worker complained of right upper extremity pain and numbness. There were no measurable pain levels documented in the submitted report. The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend Chiropractic therapy for chronic pain if caused by musculoskeletal conditions. Chiropractic therapy is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. It is recommended for low back. Not recommended for ankle, foot, carpal tunnel syndrome, forearm, wrist hand and knee. Treatment parameters from state guidelines stipulate that it takes 4 to 6 treatments to produce effect, 1 to 2 times per week the first 2 weeks then treatment may continue at 1 treatment per week for the next 6 weeks. Maximum duration of 8 weeks. Given the guidelines above, the injured worker is not within the MTUS Guidelines. The report submitted had no evidence of chronic pain caused by musculoskeletal conditions. There was no evidence showing that the injured worker would not benefit from a home exercise program. Furthermore, the submitted documentation indicates that the injured worker was already approved for 6 sessions. There was no documented evidence of such sessions. Guidelines recommend 1 treatment session per week for 6 weeks. The request as submitted is for 12 sessions, which exceeds the MTUS with the recommended guidelines for chiropractic therapy. As such the request is not medically necessary.

1 Home Orthostim4 unit with supplies, pads, wires, batteries, (through [REDACTED]): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, OrthoStim 4 unit Page(s): 114-117.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend a one month trial of an OrthoStim 4 unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. The proposed necessity of the unit should be documented upon request. Rental would be preferred over purchase during this 30-day. Rental would be preferred over purchase during this 30-day. These units are not recommended by MTUS for they are primarily used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. Given the above guidelines, the injured worker is not within the MTUS guidelines for the purchase of an OrthoStim 4 unit. There was a lack of documentation of the injured worker's pain for at least the past 3 months. The reports lacked evidence that there had been other attempts of pain relief for the injured worker. No documentation of conservative care therapy attempted and failed. Furthermore, the guidelines stipulate that an initial trial of an OrthoStim unit be a rental for a time period of 30 days, with proper documentation of proposed necessity. The request as

submitted did not specify where the unit will be used. As such, the request for a home OrthoStim unit with supplies is not medically necessary.