MAXIMUS Federal Services

Case Number:	CM14-0086168		
Date Assigned:	07/23/2014	Date of Injury:	01/19/2011
Decision Date:	10/14/2014	UR Denial Date:	05/18/2014
Priority:	Standard	Application Received:	06/09/2014

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 Family Medicine 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 is a 40-year-old female who reported an industrial injury to the right elbow on 1/19/2011, over 3 years ago attributed to the performance of her usual and customary job tasks. The patient complained of continued right elbow pain and right wrist pain. The patient reported severe right hand pain it with numbness and tingling which was exacerbated with the use of a cane. The objective findings on examination included tenderness with decreased range of motion in the wrist and thumb, a 2 inch postsurgical scar on the right lateral elbow, decreased sensory and the C6, C7, and C8 dermatomes on the right, positive orthopedic testing for the elbow and for carpal tunnel syndrome. Electrodiagnostic studies were reported as normal. The diagnoses included postsurgical right elbow for lateral epicondylitis; right carpal tunnel syndrome; right cubital tunnel syndrome; right wrist pain; right hand finger pain and right thumb triggering. The treatment plan was for chiropractic manipulation, physical therapy, and occupational medicine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic QTY 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173,Chronic Pain Treatment Guidelines manual therapy and manipulation

Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter-manipulation

Decision rationale: The request for chiropractic care for the right elbow and right wrist for the diagnoses of lateral epicondylitis status post surgical intervention and CTS is inconsistent with the recommendations of the CA MTUS and the ACOEM Guidelines. The CA MTUS does not recommend chiropractic care for the upper extremities. There is no medical necessity for chiropractic care CMT to the RUE for the diagnosis of status post lateral epicondylitis release in carpal tunnel syndrome. There is no objective evidence to support any chiropractic physiotherapy subsequent to the provided sessions of physical therapy as the patient is documented to have received more sessions of chiropractic care/CMT than is recommended by the CA MTUS for the cited diagnoses. The patient should be in a HEP. There is no objective evidence provided to support the medical necessity for the concurrent provision of chiropractic care for the objective findings of TTP. There is no demonstrated weakness or muscle atrophy. The California MTUS does not recommend chiropractic care to the wrist for the elbow.The request for chiropractic sessions is inconsistent with the recommendations of the CA MTUS and is not supported with objective evidence. There is no medical necessity for maintenance care for this patient. The patient should be working on strengthening and conditioning on her own in a self-directed home exercise program. There is no demonstrated medical necessity of the requested for additional sessions chiropractic care. The updated chronic pain chapter (8/8/08) of the ACOEM Guidelines only recommends chiropractic treatment for acute and subacute lower back and upper back/neck pain. The ACOEM Guidelines do not recommend the use of chiropractic manipulation for the treatment of chronic lower back/neck pain or for radiculopathies due to nerve root impingement. The ACOEM Guidelines recommend chiropractic manipulation for the treatment of acute/subacute lower back pain but not for chronic back pain, as there is no supporting evidence of the efficacy of chiropractic treatment for chronic lower back pain. The updated ACOEM Guidelines (revised 4/07/08) for the lower back do not recommend chiropractic manipulation for chronic lower back pain or for radiculopathy pain syndromes. Chiropractic intervention is recommended by the ACOEM Guidelines during the first few weeks of acute lower back pain or neck pain but not for chronic pain.The patient is not documented to be participating in a self-directed home exercise program for the treatment of her pain. There is no objective evidence that the patient cannot participate in a self-directed home exercise program for conditioning and strengthening without the necessity of professional supervision. There is no medical necessity for the continuation of chiropractic care to the right upper extremity 3 years after the date of injury. The request for sessions of chiropractic care to the right elbow and wrist is not demonstrated to be medically necessary.

Physical Therapy Qty 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 235. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) elbow chapter-- physical therapy

Decision rationale: The patient is status post date of surgery and has received 24+ sessions of postoperative physical therapy for the rehabilitation of the RUE and right elbow procedure. The request for additional postoperative sessions of physical therapy to the right elbow postoperatively is in excess of the number of sessions of physical therapy recommended by the CA MTUS for the postoperative rehabilitation of the elbow as recommended by the California MTUS. The patient is documented to have received 24+ previously authorized sessions of physical therapy directed to the elbow and wrist. The patient has exceeded the California MTUS recommended time period for rehabilitation physical therapy.The CA MTUS and the Official Disability Guidelines recommend twelve (12) sessions of physical therapy over twelve (12) weeks for the surgical postoperative rehabilitation of the elbow. The CA MTUS recommends up to eight (8) sessions over 5 weeks for epicondylitis of the elbow with integration into a home exercise program.There is no provided evidence or objective findings on physical examination provided to support the medical necessity of an additional number of sessions of physical therapy beyond the number recommended by the CA MTUS for the elbow. There is no objective evidence provided that the patient requires additional physical therapy over the recommended self-directed home exercise program. There is no evidence that the patient is participating in a self-directed home exercise program. The patient is documented to have completed postoperative physical therapy 24 sessions directed to the right elbow. Therefore, the request for additional physical therapy is not medically necessary.

Occupational Therapy QTY 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ACOEM chapter 4

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 235. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) elbow chapter-- physical therapy

Decision rationale: The patient is status post date of surgery and has received 24+ sessions of postoperative occupational therapy for the rehabilitation of the RUE and right elbow procedure. The request for additional postoperative sessions of physical therapy to the right elbow postoperatively is in excess of the number of sessions of occupational therapy recommended by the CA MTUS for the postoperative rehabilitation of the elbow as recommended by the California MTUS. The patient is documented to have received 24+ previously authorized sessions of occupational therapy directed to the elbow and wrist. The patient has exceeded the California MTUS recommended time period for rehabilitation occupational therapy.The CA MTUS and the Official Disability Guidelines recommend twelve (12) sessions of occupational therapy over twelve (12) weeks for the surgical postoperative rehabilitation of the elbow. The CA MTUS recommends up to eight (8) sessions over 5 weeks for epicondylitis of the elbow with integration into a home exercise program.There is no provided evidence or objective findings on occupational examination provided to support the medical necessity of an additional number of sessions of occupational therapy beyond the number recommended by the CA MTUS for the elbow. There is no objective evidence provided that the patient requires additional occupational therapy over the recommended self-directed home exercise program. There is no evidence that the patient is participating in a self-directed home exercise program. The patient is documented

to have completed postoperative occupational therapy 24 sessions directed to the right elbow. Therefore, the request for additional occupational therapy is not medically necessary.