

Case Number:	CM14-0208208		
Date Assigned:	12/22/2014	Date of Injury:	03/17/2014
Decision Date:	02/19/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Georgia, California, Texas

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker (IW) sustained an industrial injury on 03/17/14. 11/10/14 office note per the treating chiropractic physician documented complaints of activity-dependent mild to 3/10 pulling left elbow pain and weakness, as well as activity-dependent mild to 2/10 left wrist pain and cramping radiating to the fingers with tingling, weakness, cramping, and muscle spasms. On exam there was tenderness to palpation of the anterior and lateral aspects of the left elbow and Cozen test was positive. Left wrist tenderness and painful range of motion were noted. Phalen test caused tingling and Finkelstein test was positive. MRI and x-ray reports for the left wrist and left elbow were reviewed but no results were mentioned. Impression was left elbow pain, left elbow sprain/strain, left lateral epicondylitis, left carpal tunnel syndrome, left deQuervain's disease, left wrist pain, and left wrist sprain/strain. Treatment plan included acupuncture, physical therapy, extracorporeal shock wave treatment (ESWT) "left shoulder lateral epicondylitis". Purpose of treatment was to increase functional capacity, increase range of motion, increase activities of daily living, and decrease pain. IW was referred to MD for medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication Consultation: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 15, 20-22.

Decision rationale: No current medications are documented. Prescription of pharmaceuticals is outside the scope of practice of the treating chiropractic physician. ACOEM Guidelines Elbow chapter states: "Nonprescription analgesics will provide sufficient pain relief in most patients with acute and subacute elbow symptoms. If the patient's response to treatment is inadequate (i.e., his or her symptoms and activity limitations continue), pharmaceuticals, orthotics, or physical methods can be prescribed [concerning epicondylalgia] there is some evidence that NSAIDs result in improvements. There is also some weak, preliminary evidence suggesting that all NSAIDs may not be equally efficacious for lateral epicondylalgia. There are no quality studies evaluating opioids in the treatment of epicondylalgia. Opioids do not appear to be more effective than safer strategies for managing most musculoskeletal symptoms; they should be used only if needed for severe pain and only for a short time." Due to IW's persistent pain complaints nearly 11 month s/p date of injury, the requested medication consultation is reasonable and medically necessary, consistent with MTUS recommendations.

Extracorporeal Shock Wave Therapy of The Left Shoulder Lateral Epicondylitis: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 29.

Decision rationale: ACOEM Guidelines recommends extracorporeal shock wave treatment (ESWT) for treatment of calcifying tendinitis of the shoulder. No shoulder complaints or objective evidence of calcifying tendinitis of the shoulder are documented in this case. ACOEM Guidelines strongly recommends against ESWT for epicondylalgia of the elbow, stating: "Quality studies are available on extracorporeal shockwave therapy in acute, subacute, 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 [Evidence (A), Strongly Recommended Against]." Medical necessity is not established for the requested ESWT treatment.

Acupuncture 2 Times A Week for 4 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Definitions "Functional improvement" Page(s): 1.

Decision rationale: California Acupuncture Medical Treatment Guidelines recommend an initial trial of 3-6 acupuncture treatments, but do not recommend extended treatments in the absence of functional improvement. Based upon lack of documented functional improvement with a previous trial of acupuncture and number of requested acupuncture treatments, medical necessity is not established for this request.