

<b>Case Number:</b>	CM15-0002199		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	07/17/2013
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 44 year old male, who sustained an industrial injury on July 17, 2013. The diagnoses have included left medial epicondylitis and internal derangement of the left elbow, mild left ulnar nerve entrapment at the left elbow and moderate right carpal tunnel syndrome. Treatment to date has included electromyogram of upper extremities, Magnetic resonance imaging of left elbow on January 8, 2015 which revealed status post impacted fracture of the radial head, bony fragment as described of the distal lateral humerus residual from previous injury and fluid is seen in the joint space. Currently, the injured worker complains of worsening of the painful movements of his left elbow. The injured worker currently works fulltime per physical document on November 14, 2014. On December 9, 2014 Utilization Review non-certified a Magnetic resonance imaging of left elbow, swimming pool exercise daily and follows up in four weeks noting, the Medical Treatment Utilization Schedule Guidelines , Official Disability Guidelines and American College of Occupational and Environmental Medicine was cited. On November 14, 2014, the injured worker submitted an application for IMR for review of Magnetic resonance imaging of left elbow, HEP, swimming pool exercise daily and follows up in four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the left elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation ODG MR imaging of the elbow

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation chapter 'Elbow (acute & chronic)' and topic 'MRI's'

**Decision rationale:** Based on the 11/14/14 progress report provided by treating physician, the patient presents with left elbow pain. The request is for MRI OF THE LEFT ELBOW. Per Request for Authorization for dated 11/14/14, treater is requesting "MRI of left elbow due to persistent pain," for the diagnosis of left medial epicondylitis and internal derangement of the left elbow, mild left ulnar nerve entrapment at the left elbow and moderate right carpal tunnel syndrome. Magnetic resonance imaging of left elbow on 01/08/15, which revealed status post impacted fracture of the radial head, bony fragment as described of the distal lateral humerus residual from previous injury and fluid is seen in the joint space. Patient's medications include Naproxen and Mirtazapine. The patient is currently working full time, per treater report dated 11/14/14. ODG guidelines, chapter 'Elbow (acute & chronic)' and topic 'MRI's', recommends the imaging studies when there is, Chronic elbow pain, suspect chronic epicondylitis; plain films nondiagnostic. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008). Treater states in progress report dated 11/14/14 "MRI of the left elbow due to persistence of pain and decreased ranges of motion to the left elbow." ODG guidelines support MRIs in patient with a suspicion of epicondylitis, which patient has already been diagnosed with. Patient had MRI of left elbow on 01/08/15. Treater has not documented significant change of symptoms or findings suggestive of significant pathology to warrant a repeat MRI. The request does not meet guideline indications. Therefore, this request IS NOT medically necessary.

**Swimming pool exercises daily:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Physical medicine Page(s): 22, 98-99.

**Decision rationale:** Based on the 11/14/14 progress report provided by treating physician, the patient presents with left elbow pain. The request is for SWIMMING POOL EXERCISES DAILY. Per Request for Authorization for dated 11/14/14, treater is requesting "swimming pool exercises daily," for the diagnosis of left medial epicondylitis and internal derangement of the left elbow, mild left ulnar nerve entrapment at the left elbow and moderate right carpal tunnel syndrome. Magnetic resonance imaging of left elbow on 01/08/15, which revealed status post impacted fracture of the radial head, bony fragment as described of the distal lateral humerus residual from previous injury and fluid is seen in the joint space. Patient's medications include Naproxen and Mirtazapine. The patient is currently working full time, per treater report dated

11/14/14.MTUS Guidelines page 22, Chronic Pain Medical Treatment Guidelines: Aquatic therapy is recommended as an optional form of exercise therapy where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize effect of gravity, so it is specifically recommended where reduced weight-bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see physical medicine. Water exercise improved some components of health related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. MTUS page 98 and 99 has the following: Physical medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. MTUS Guidelines page 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks and for myalgia, neuritis, and radiculitis, 8 to 10 visits are recommended. Treater states in progress report dated 11/14/14 "swimming pool exercises daily to aid in general strengthening, physical conditioning and mood elevation." However, there is no discussion provided as to why the patient cannot perform land-based therapy or home exercise program to benefit the left upper extremity. There is no mention that the patient is extremely obese and there is no discussion as to why the patient requires weight reduced exercises. There are no details about the need for the use of specialized equipment. Furthermore, treater has not indicated duration of sessions. The request does not clearly state purpose, and lacks documentation to meet guideline indications. Therefore, this request IS NOT medically necessary.

**Follow-up in 4 weeks:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines page 127 Consultation

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7

**Decision rationale:** Based on the 11/14/14 progress report provided by treating physician, the patient presents with left elbow pain. The request is for FOLLOW UP IN 4 WEEKS. Per Request for Authorization for dated 11/14/14, treater is requesting "follow up in 4 weeks," for the diagnosis of left medial epicondylitis and internal derangement of the left elbow, mild left ulnar nerve entrapment at the left elbow and moderate right carpal tunnel syndrome. Magnetic resonance imaging of left elbow on 01/08/15, which revealed status post impacted fracture of the radial head, bony fragment as described of the distal lateral humerus residual from previous injury and fluid is seen in the joint space. The patient is currently working full time, per treater report dated 11/14/14.ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. ACOEM guidelines further states, referral to a specialist is recommended to aid in complex issues. UR letter dated 12/09/14 has modified request to certify "follow up in 6-8 weeks," stating "QME supports ongoing treatment by PTP every 6-8 weeks as needed for medications." In this case, the patient complains of chronic left

upper extremity pain. The guidelines generally allow and support specialty follow up evaluations for chronic pain conditions. The request IS medically necessary.