

Case Number:	CM15-0013329		
Date Assigned:	01/30/2015	Date of Injury:	12/17/2013
Decision Date:	04/02/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/23/2015

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 46 year old female, who sustained an industrial injury on 12/17/2013. She has reported subsequent neck, back and elbow pain and was diagnosed with cervicgia, cervicobrachial syndrome and chronic right lateral epicondylitis. Treatment to date has included oral pain medication, steroid injections, acupuncture and chiropractic therapy. In a progress note dated 01/05/2015, the injured worker was noted to report constant achy neck and back pain that radiated to the mid thoracic region. Objective findings were notable for tenderness to palpation of the mid to lower cervical facets and central cervical thoracic spine and positive bilateral Hoffman's sign and tenderness to palpation of the right lateral condyle. The physician noted that the treatment plan included an ultrasound guided right needle tenotomy of the extensor carpi radialis longus and extensor carpi radialis brevis and physical therapy following medial tenotomy to work on eccentric loading exercise of the extensor musculature group. A request for authorization for ultrasound guidance for needle replacement and physical therapy to the cervical spine was made. On 01/12/2015, Utilization Review non-certified requests for ultrasound guidance for needle replacement and physical therapy to the cervical spine, noting that it is uncertain what injection is being rendered and there was no documentation of the amount of past physical therapy received and any benefit received from therapy. MTUS and ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRASOUND GUIDANCE FOR NEEDLE PLACEMENT: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Orthopedic Surgeons website <http://www.aaos.org/news/aaosnow/jan15/clinical5.asp>.

Decision rationale: The 47 year old patient presents with neck/thoracic pain and right lateral condyle lordosis, as per progress report dated 01/05/15. The request is for ultrasound guidance for needle placement. The RFA for the case is dated 01/06/15, and the patient's date of injury is 12/17/13. The patient also complains of stiffness and spasms in the neck and the mid thoracic region, as per progress report dated 01/05/15. Medications include Celexa, Lidoderm patch, Flexeril, BuSpar, and Vimovo. Diagnoses included Cervicalgia and cervicobrachial syndrome. As per progress report dated 11/05/14, the patient has right cubital tunnel syndrome, lateral spondylitis, and upper parascapular and paracervical discomfort and strain. The patient is working modified duty, as per progress report dated 11/05/14. ODG, MTUS and ACOEM guidelines do not discuss ultrasound guidance for needle placement. As per American Academy of Orthopedic Surgeons at <http://www.aaos.org/news/aaosnow/jan15/clinical5.asp>, "limited data exist comparing the clinical efficacy of ultrasound-guided to palpation-guided injections." The article states further that "although these early clinical outcomes appear promising, it is unclear whether image guidance will have an impact on long-term results." In this case, the request is for ultrasound guidance for needle placement. However, the RFA does not specify the type of injection and the body part. In progress report dated 01/05/15, the treater requests for "Ultrasound-guided right needle tenotomy of the ECRB/ECRL." It is not clear if the patient has been authorized for Tenotomy in the first place. Additionally, the American Academy of Orthopedic Surgeons states that "it is unclear whether image guidance will have an impact on long-term results." Hence, the request for ultrasound guidance IS NOT medically necessary.

PHYSICAL THERAPY 1x5: 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)-TWC.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Elbow & Upper Arm Page(s): 15-17.

Decision rationale: The 47 year old patient presents with neck/thoracic pain and right lateral condyle lordosis, as per progress report dated 01/05/15. The request is for physical therapy 1 X 5. The RFA for the case is dated 01/06/15, and the patient's date of injury is 12/17/13. The patient also complains of stiffness and spasms in the neck and the mid thoracic region, as per progress report dated 01/05/15. Medications include Celexa, Lidoderm patch, Flexeril, BuSpar, and Vimovo. Diagnoses included Cervicalgia and cervicobrachial syndrome. As per progress

report dated 11/05/14, the patient right cubital tunnel syndrome, lateral spicondylitis, and upper parascapular and paracervical discomfort and strain. The patient is working modified duty, as per progress report dated 11/05/14. MTUS, post-surgical guidelines on pages 15-17, recommend 10 visits over a period of 4 months to patients who have undergone ECRB/ECRL tenotomy. The post-operative time period is six months. In this case, the request is for 5 sessions of physical therapy. The RFA does not document the purpose or the body part. The progress reports do not discuss prior therapy. However, in progress report dated 01/05/15, the treater requests for 5 sessions of PT "following medial tenotomy to work on eccentric loading-exercise of the extensor musculature group." Nonetheless, it is not clear if the patient has been authorized for the procedure. Additionally, the RFA request lacks the information required to make a determination. Hence, the request for PT IS NOT medically necessary.