

Case Number:	CM15-0141525		
Date Assigned:	07/31/2015	Date of Injury:	04/11/2014
Decision Date:	09/02/2015	UR Denial Date:	07/03/2015
Priority:	Standard	Application Received:	07/21/2015

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: Texas, New York, California
 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:

The applicant is a represented 54-year-old who has filed a claim for chronic elbow, knee, hip, low back, and leg pain reportedly associated with an industrial motor vehicle accident (MVA) of April 11, 2014. In a Utilization Review report dated July 3, 2015, the claims administrator failed to approve a request for an elbow corticosteroid injection under ultrasound guidance and also partially approved six of 18 sessions of chiropractic manipulative therapy. A multilevel lumbar epidural steroid injection was also approved. The claims administrator apparently referenced an office visit of December 8, 2014 in its determination. On September 17, 2014, the applicant reported multifocal complaints of elbow, shoulder, hand, and low back pain. Physical therapy was not helping, it was acknowledged. Tenderness about the medial epicondylar region of the bilateral elbows was reported. Earlier right elbow MRI imaging of August 22, 2014 was notable for lateral epicondylitis, the treating provider reported. The applicant had derivative complaints of anxiety and depression, it was reported. The applicant was placed off of work, on total temporary disability. Cervical MRI imaging, elbow support, and Cymbalta were endorsed while the applicant was placed off of work, on total temporary disability. On December 8, 2014, the applicant reported multifocal complaints of elbow and low back pain. The applicant reported derivative complaints of anxiety and depression. An ultrasound-guided elbow epicondylar injection was sought. Manipulative therapy was sought. Cymbalta was renewed. The applicant was placed off of work, on total temporary disability. Twelve sessions of manipulative therapy were ordered via an earlier RFA form dated November 18, 2014. On October 27, 2014, the attending provider reiterated his request for manipulative therapy, an elbow brace and a knee brace while keeping the applicant off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right lateral epicondyle ultrasound corticosteroid injection Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 235-236. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 24; 26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Occupational Disorders of the Elbow, Ultrasound, diagnostic.

Decision rationale: No, the request for a right elbow ultrasound-guided corticosteroid injection was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 10, Table 3, page 24 does recommend local corticosteroid injections to treat elbow epicondylitis, as was/is present here, the MTUS Guideline in ACOEM Chapter 10, Table 3, page 24 qualifies this position by noting that said elbow corticosteroid injections are intended for short-term relief purposes. Here, the attending provider did not clearly state whether the applicant had or had not had previous elbow corticosteroid injections or not and, if so, what the response to the same was. The MTUS Guideline in ACOEM Chapter 10, page 26 notes that continuing with the treatment which has not resulted in objective benefit is not reasonable. Here, again, the applicant's response to prior elbow corticosteroid injections (if any) was not clearly detailed or characterized. It was not stated whether this was a first-time request or a renewal request. ODGs Elbow Chapter Diagnostic Ultrasound topic incidentally notes that ultrasound guidance for elbow injections is not generally recommended. Here, the attending provider failed to outline a clear or compelling case for the ultrasound-guided component of the request in the face of the unfavorable ODG position on the same. Therefore, the request was not medically necessary.

Chiropractic (visits) Qty: 18.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 59-60.

Decision rationale: Similarly, the request for 18 sessions of chiropractic manipulative therapy was likewise not medically necessary, medically appropriate, or indicated here. While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 18 to 24 sessions of manipulative therapy in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status, here, however, the applicant was off of work, on total temporary disability, it was reported on multiple office visits, referenced above. Earlier manipulative therapy did not appear to have been particularly successful. Therefore, the request was not medically necessary.