

Case Number:	CM15-0035165		
Date Assigned:	04/24/2015	Date of Injury:	10/31/2013
Decision Date:	07/03/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/24/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 30 year old female, who sustained an industrial injury on 10/31/2013. She has reported subsequent bilateral wrist, hand, elbow knee and neck pain and was diagnosed with cervical/trapezial musculoligamentous sprain/strain, bilateral elbow medial and lateral epicondylitis, bilateral cubital tunnel syndrome, wrist sprain/strain and de Quervain's tenosynovitis. Treatment to date has included oral pain medication and chiropractic treatment. In a progress note dated 01/06/2015, the injured worker complained of moderate bilateral wrist, hand, elbow and knee pain, mild coccyx pain, neck pain and jaw pain. Objective findings were notable for tenderness to palpation over the cervical paraspinal muscles, suboccipital region and trapezius muscles, paraspinal muscle spasm, tenderness to palpation over the medial and lateral epicondyles, flexor and extensor tendons and muscle groups of the wrists and distal forearms and tenderness to palpation of the medial and lateral joint lines and peripatellar regions bilaterally. A request for authorization of 8 aquatic therapy sessions, home TENS unit, diagnostic ultrasound of the bilateral elbows, neurodiagnostic studies of the cervical spine and bilateral upper extremities and internal medicine consult was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Aquatic therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

Decision rationale: This 30 year old female has complained of wrist, hand, elbow, knee and neck pain since date of injury 10/31/13. She has been treated with chiropractic therapy and medications. The current request is for 8 aquatic therapy sessions. Per the MTUS guidelines cited above, aquatic therapy may be recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy when reduced weight bearing is desirable. There is no documentation in the available medical records supporting the necessity of reduced weight bearing in this patient. On the basis of the available medical records and per the MTUS guidelines cited above, aquatic therapy is not indicated as medically necessary.

1 Home TENS Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

Decision rationale: This 30 year old female has complained of wrist, hand, elbow, knee and neck pain since date of injury 10/31/13. She has been treated with chiropractic therapy and medications. The current request is for 1 home TENS unit. Per the MTUS guideline cited above, a 1 month trial of TENS unit therapy should be documented including documentation of how often the TENS unit was used as well as outcomes in terms of pain relief and function with use of the TENS unit. The available medical records included for review do not include this documentation. On the basis of the cited MTUS guideline and the lack of documentation, a TENS unit is not indicated as medically necessary.

1 Diagnostic ultrasound of the bilateral elbows: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow chapter.

Decision rationale: This 30 year old female has complained of wrist, hand, elbow, knee and neck pain since date of injury 10/31/13. She has been treated with chiropractic therapy and medications. The current request is for 1 diagnostic ultrasound of the bilateral elbows. Per the ODG guidelines cited above, a diagnostic ultrasound of the elbow is indicated when there is evidence of chronic pain with suspected nerve entrapment, biceps tendon tear or bursitis and the

plain films are nondiagnostic. The available medical documentation does not include documentation of plain films of the elbow with results. On the basis of the available medical records and per the ODG guidelines cited above, 1 diagnostic ultrasound of the bilateral elbows is not indicated as medically necessary.

1 Neurodiagnostic studies of the cervical spine and the bilateral upper extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: This 30 year old female has complained of wrist, hand, elbow, knee and neck pain since date of injury 10/31/13. She has been treated with chiropractic therapy and medications. The current request is for 1 Neurodiagnostic studies of the cervical spine and the bilateral upper extremities. Per the ACOEM guidelines cited above, electrodiagnostic studies may be useful to identify focal, neurologic dysfunction after undergoing conservative treatment. The available medical records do not contain documentation of recent conservative treatment. On the basis of the available medical records and per the ACOEM guidelines cited above, 1 neurodiagnostic studies of the cervical spine and the bilateral upper extremities is not indicated as medically necessary.

1 Internal medicine consult: 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 www.UpToDate.com.

Decision rationale: This 30 year old female has complained of wrist, hand, elbow, knee and neck pain since date of injury 10/31/13. She has been treated with chiropractic therapy and medications. The current request is for 1 internal medicine consult for gastrointestinal symptoms. The available medical records do not document an initial attempt at management of the symptoms nor do they document expectations of an internal medicine consult or provider rationale for obtaining this consultation. On the basis of the available medical records and per evidenced based guidelines, internal medicine consult is not indicated as medically necessary.