

Case Number:	CM15-0038843		
Date Assigned:	03/09/2015	Date of Injury:	10/14/2009
Decision Date:	04/23/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/02/2015

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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

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

This 55 year old female sustained an industrial injury to bilateral upper extremity and neck on 10/14/09. Electromyography/nerve conduction velocity test of bilateral upper extremities (11/19/14) was normal. Previous treatment included magnetic resonance imaging, chiropractic therapy, occupational therapy, physical therapy, acupuncture, nerve root injections, sling and medications. In a PR-2 dated 2/215, the injured worker complained of on and off pain with decreased numbness and limited range of motion. The physician noted that objective findings included increased activities of daily living, increased range of motion, tenderness to palpation at the right lateral epicondyle with decreased pain upon range of motion and no effusion. Current diagnoses included bilateral carpal tunnel syndrome, right shoulder impingement, cervical herniated nucleus pulposus and bilateral medial epicondylitis. The treatment plan included chiropractic 2 times a week for 6 weeks to bilateral elbows and cervical spine and occupational therapy 2 times a week for 6 weeks for the bilateral elbows.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic 2 times a week for 6 weeks to bilateral elbows and cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

Decision rationale: The request is considered not medically necessary. According to the chart, the patient had chiropractic care. Improvement in functional capacity was not documented. There is no rationale as to why additional chiropractic care is necessary. The patient should be able to continue with an independent home exercise program at this point. Given these reasons, the request is considered not medically necessary.

Occupational therapy 2 times a week for 6 weeks for the bilateral elbows: Upheld

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

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

Decision rationale: The request for 12 sessions of physical therapy is not medically necessary. The patient has had previous physical therapy sessions without any documentation of subjective or objective improvement. According to MTUS, myalgias and myositis warrant 9-10 visits over 8 weeks. Without documented improvement and explanation of rationale for more physical therapy, there is no need for additional sessions. She should have also been taught a home exercise program to continue. Therefore, the request is considered not medically necessary.