

Case Number:	CM15-0039248		
Date Assigned:	03/09/2015	Date of Injury:	08/04/2014
Decision Date:	04/16/2015	UR Denial Date:	02/20/2015
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: California, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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:

The injured worker is a 63 year old male, who sustained an industrial injury on 8/4/2014. He reports falling in a pothole and injuring his left elbow, wrist and the right side of his body. Diagnoses include comminuted left elbow fracture and left radial head fracture. Treatments to date include left elbow arthrotomy, joint debridement and excision of loose body, arthroplasty with radial head implant, physiotherapy, and medication management. A progress note from the treating provider dated 1/30/2015 indicates the injured worker reported continued left shoulder and wrist pain. The treating physician requested MRI left wrist, MRI left shoulder, chiropractic manipulation, acupuncture, and home exercise programs. On 2/29/2015, Utilization Review non-certified MRI without contrast left wrist, MRI left shoulder, chiropractic manipulations QTY 12, acupuncture QTY 12, and home exercise programs visit with kit QTY 5.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast left wrist QTY 1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic), MRI's (magnetic resonance imaging).

Decision rationale: According to the ACOEM guidelines, special studies for the forearm, wrist, and hand are not needed, unless there are red flags, or until after a four- to six-week period of conservative care with observation. Based on the available treating physician's notes for the injured worker (IW), there are no red flags present, but his pain and exam findings have persisted greater than six weeks. However, he has not undergone a course of physical medicine for his left wrist symptoms. Additional guidelines from the ODG state that MRI has been advocated for IWs with chronic wrist pain and it may be diagnostic in patients with triangular fibrocartilage (TFC) injuries. Notes from the treating physician on 3/9/2015, state concern for possible subtle fracture or TFC injury, based on history and exam findings. Despite lacking a current course of physical medicine, the request for MRI left wrist is medically necessary, based on the medical documentation and possible need for an invasive procedure.

MRI left shoulder QTY 1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Magnetic resonance imaging (MRI).

Decision rationale: According to the ACOEM guideline cited, for patients with a shoulder problem, special studies are not indicated, unless there are red flags, or a four- to six-week period of conservative management fails to improve symptoms. For injured workers (IW) with limitations of activity after four weeks and unexplained physical findings, such as localized pain (especially following exercise), imaging may be indicated to clarify the diagnosis. In addition, the cited ODG states that MRI of the shoulder is recommended when the injured worker has had history of acute shoulder trauma, with suspected rotator cuff tear/impingement, and over age 40. The treating physician's notes from 3/9/2015 indicate shoulder pain, decreased range of motion, positive Neer's sign, positive Hawkins-Kennedy sign, and weakness. The injured worker has had 24 previous postoperative physiotherapy sessions, for his left elbow, and has continued home exercises; but he has not undergone conservative management with a course of physical medicine for his current shoulder symptoms. However, based on the history and findings, the injured worker may need to undergo an invasive procedure, therefore the request for MRI of the left shoulder is medically necessary at this time.

Chiropractic Manipulations QTY 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (Acute & Chronic), Manipulation.

Decision rationale: Per the cited MTUS guidelines, manual therapy and manipulation is recommended for chronic pain, if caused by musculoskeletal conditions. It has been widely used in the treatment of musculoskeletal pain to achieve positive symptomatic or objective functional improvement; however, manipulation of the forearm, wrist, and hand is not recommended. The elbow is not specifically addressed in the MTUS, but the ODG recommends elbow manipulation for up to 3 visits, contingent on documented objective improvement. Additional visits of 3 may be authorized if there is continued objective improvement. However, the requested amount exceeds the cited guidelines, and therefore the request for chiropractic manipulations left elbow QTY 12 is not medically necessary.

Acupuncture QTY 12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 235.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 25, 30-31, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (Acute & Chronic), Acupuncture.

Decision rationale: According the MTUS, acupuncture is used as an option when pain medication is reduced or not tolerated, and can be used as an adjunct to physical rehabilitation and/or surgical intervention. The time to produce functional improvement is within 3 to 6 treatments, up to 1 to 3 times per week. ACOEM guidelines state that there is insufficient evidence to recommend acupuncture for lateral epicondyle pain. However, the cited ODG recommends acupuncture only for short-term treatment of lateral epicondyle pain with an initial trial of 3-4 visits over 2 weeks. Based on all the cited guidelines, the request for acupuncture left elbow QTY 12 is not medically necessary.

Home Exercise Programs visit with kit QTY 5: Overturned

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

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

Decision rationale: The MTUS guidelines recommend home exercise programs because injured workers are instructed and expected to continue active therapies at home. This extension of the treatment process is used to maintain improvement levels, and can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The guidelines do not specify the number of kits recommended for the upper extremity. However,

based on the general guideline, the request for home exercise programs visit with kit QTY 5 is medically necessary and appropriate.