

Case Number:	CM15-0044258		
Date Assigned:	03/16/2015	Date of Injury:	12/01/2014
Decision Date:	04/22/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/09/2015

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, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 56 year old male who sustained a work related injury on December 1, 2014, carrying bags of material weighting over 100 pounds. He complained of pain in the right elbow, right and left sides of the neck and back pain. He was diagnosed with elbow tenosynovitis and lumbar strain. Treatment included anti-inflammatory drugs, topical pain creams, and restrictions. Currently, in February, 2015, the injured worker complained of right elbow pain and soreness in his neck and lower back. He was diagnosed by a physiatrist, with a cervical strain, lumbar strain and right elbow tendinitis. The treatment plan that was requested for authorization included twelve chiropractic manipulations to the cervical and lumbar spine; and an ultrasonic examination of the right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 chiropractic treatments for the cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59.

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

Decision rationale: According to MTUS guidelines, Manual therapy & manipulation: “Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care; not medically necessary. Recurrences/flare-ups; need to reevaluate.” Based on the patient's records, there is no functional deficits documented that could not be addressed with home exercise program. In addition, the frequency of the treatment should be reduced from 12 to 3 or less sessions. More sessions will be considered when functional and objective improvement is documented. Therefore, the request for 12 chiropractic treatments for the cervical and lumbar spine is not medically necessary.

Ultrasonic examination of the right elbow: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ultrasound, diagnostic. <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, elbow ultrasound is “Recommended as indicated below. Ultrasound (US) has been shown to be helpful for diagnosis of complete and partial tears of the distal biceps tendon, providing an alternative to MRI. (ACR, 2001) (Wiesler, 2006) See also ACR Appropriateness Criteria. Ultrasound of the common extensor tendon had high sensitivity but low specificity in the detection of symptomatic lateral epicondylitis. (Levin, 2005) Limited evidence shows that diagnostic sonography may not be effective in predicting response to conservative therapy for tennis elbow. (Struijs, 2005) Indications for imaging- Ultrasound: Chronic elbow pain, suspect nerve entrapment or mass; plain films nondiagnostic (an alternative to MRI if expertise available). Chronic elbow pain, suspect biceps tendon tear and/or bursitis; plain films nondiagnostic (an alternative to MRI if expertise available).” There is no documentation that the patient developed nerve entrapment or biceps tendon tear. There is no documentation that the patient has non-diagnostic plain films. Therefore, the request for Ultrasonic examination of the right elbow is not medically necessary.