

Case Number:	CM15-0053962		
Date Assigned:	03/27/2015	Date of Injury:	05/07/2012
Decision Date:	05/01/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/21/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54-year-old female, with a reported date of injury of 05/07/2012. The diagnoses include right elbow lateral epicondylitis, right elbow cubital syndrome, left medial meniscus tear, left lateral meniscus tear, and status post left knee arthroscopy. Treatments to date have included chiropractic services, left knee arthroscopy on 11/05/2014, and home exercise program. The progress report dated 01/13/2015 was handwritten and partially somewhat illegible. The injured worker complained of left knee and right elbow pain. The objective findings include tenderness to the medial joint line and lateral joint line of the left knee; and tenderness of the lateral epicondyle of the right elbow. The treating physician requested twelve sessions of chiropractic care for the left knee and three sessions of shockwave therapy to the right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve sessions of chiropractic care for the left knee: 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, p58 Page(s): 58.

Decision rationale: The claimant is nearly 3 years status post work-related injury and continues to be treated for chronic left knee and right elbow pain. Prior treatments had included chiropractic care. She underwent left knee arthroscopy in November 2014 followed by physical therapy including instruction in a home exercise program. Although chiropractic care is recommended as an option in the treatment of chronic pain, guidelines recommend a trial of 6 visits over 2 weeks with further treatment considered if there is objective evidence of functional improvement. In this case, the number of treatment sessions requested is in excess of the guideline recommendation and therefore not medically necessary.

Three sessions of high and or/low energy shockwave therapy to the right elbow: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (Acute & Chronic), Extracorporeal shockwave therapy (ESWT).

Decision rationale: The claimant is nearly 3 years status post work-related injury and continues to be treated for chronic left knee and right elbow pain. Prior treatments had included chiropractic care. She underwent left knee arthroscopy in November 2014 followed by physical therapy including instruction in a home exercise program. Research trials of extracorporeal shockwave therapy (ESWT) have yielded conflicting results and its value, if any, can presently be neither confirmed nor excluded. Criteria for its use include patients whose pain has remained despite six months of at least three conservative treatments including rest, ice, non-steroidal anti-inflammatory medication, orthotics, physical therapy, and injections. A maximum of 3 therapy sessions over 3 weeks can be recommended. In this case, the claimant has chronic epicondylitis and has failed conservative treatments. The requested number of sessions is within the accepted guideline recommendation.