

<b>Case Number:</b>	CM14-0163675		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	03/21/2013
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient was injured on 3/2/2013. The diagnoses are bilateral wrist, bilateral arm and myofascial pain. The bilateral elbow Ultrasound test dated 7/9/2014 was reported as normal. On 8/27/2014, [REDACTED] noted subjective complaint of 7/10 pain score on a scale of 0 to 10. The pain was made worse by typing motion. The patient was doing a full work duty. The objective finding was limited to mild tenderness over the elbows. The sensory, motor and reflexes tests was reported as normal. There was no new symptoms or injury reported. The patient was not utilizing any medications. A Utilization Review determination was rendered on 9/11/2014 recommending non certification for 24 chiropractic treatments, 30 acupuncture treatments and 36 PT.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for both arms 2 times a week for 6 weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Elbow.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that physical therapy can be utilized for the management of exacerbation of musculoskeletal pain that did not resolve with standard NSAIDs medication. The records did not show any significant subjective or objective findings of arm pain that would require PT. The patient is working full time. The patient is not utilizing any medication. There are limited objective findings in physical examination. The documentation showing beneficial effects from prior PT in 2013 was not provided. The criteria for PT both arms 2 times a week for 6 weeks was not met.

**Chiropractic therapy for both arms 2 times a week for 6 weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that physical therapy can be utilized for the management of exacerbation of musculoskeletal pain that did not resolve with standard NSAIDs medication. The records did not show any significant subjective or objective findings of arm pain that would require chiropractic treatment. The patient is working full time. The patient is not utilizing any medication. There are limited objective findings in physical examination. The documentation showing beneficial effects from prior therapy in 2013 was not provided. The criteria for chiropractic treatment both arms 2 times a week for 6 weeks was not met.

**Acupuncture for both arms 2 times a week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that acupuncture treatment can be utilized for the management of exacerbation of musculoskeletal pain that did not resolve with standard NSAIDs medication. The records did not show any significant subjective or objective findings of arm pain that would require acupuncture treatment. The patient is working full time. The patient is not utilizing any medication. There are limited objective findings in physical examination. There is no documentation showing beneficial effects from prior acupuncture treatment. The criteria for acupuncture treatments for both arms 2 times a week for 6 weeks were not met.