

<b>Case Number:</b>	CM15-0065678		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	02/19/2014
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 (IW) is a 62-year-old female who sustained an industrial injury on 02/19/2014. She reported pain in the left knee. The injured worker was diagnosed as having sprain of the left knee. Treatment to date has included left knee arthroscopy, exercise and electrical muscle stimulation, brace, acupuncture, ultrasound, electromyogram/nerve conduction velocity and medications. Currently, the injured worker complains of continued weakness and symptoms of giving way and giving way and instability with going up and down stairs. The plan is for chiropractic manipulation visits, an ultrasound of the right elbow, a MRI arthrogram of the left knee, an office visit and follow up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six chiropractic manipulation visits:** Overturned

**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 patient presents with low back pain and left knee pain and weakness. The current request is for six chiropractic manipulation visits. The treating physician states that the patient has more frequent low back pain for the past few weeks absent new injury. She has difficulty with lifting, carrying, bending and stooping. The patient also complains of continued left knee pain and weakness with difficulty standing, walking, kneeling and squatting. She has had recent increased pain for the past two weeks absent new injury. The MTUS guidelines state that chiropractic manipulation is recommended for chronic pain if caused by musculoskeletal conditions. In this case, the treating physician has requested chiropractic treatment and the MTUS guidelines support an initial trial of 6 visits. The current request is medically necessary and the recommendation is for authorization.

**One ultrasound of the right elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Ultrasound, diagnostic, elbow.

**Decision rationale:** The patient presents with elbow and wrist pain. The current request is for one ultrasound of the right elbow. The treating physician states that the patient has elbow greater than wrist pain with increased pain upon gripping, grasping, pushing, pulling, lifting and carrying. The ODG guidelines state, 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 non-diagnostic (an alternative to MRI if expertise available); and chronic elbow pain, suspect biceps tendon tear and/or bursitis; plain films non-diagnostic (an alternative to MRI if expertise available). In this case, the treating physician has diagnosed the patient with medial and lateral epicondylitis. Tinsel's, Phalen's and Finkelstein's test are all negative. (111) EMG testing was conducted 11/03/14 (84). However, plain films were not provided for review. The treating physician does not mention suspicion of tears of the distal biceps tendon, which an ultrasound would be helpful to diagnose. Ultrasound also has high sensitivity but low specificity in the detection of symptomatic lateral epicondylitis. The current request is not medically necessary and the recommendation is for denial.