

Case Number:	CM15-0095543		
Date Assigned:	05/22/2015	Date of Injury:	04/05/2010
Decision Date:	07/03/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/18/2015

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

Certification(s)/Specialty: Orthopedic Surgery, Hand Surgery, Sports 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 34-year-old female, who sustained an industrial injury on 4/05/2010, due to continuous trauma. The injured worker was diagnosed as having cervical disc bulges, cervical radiculitis, right carpal tunnel syndrome, left carpal tunnel release (post-operative 4 months), and left medial and lateral epicondylitis. Treatment to date has included chiropractic, physical therapy, left carpal tunnel surgery in 5/2014, and medications. Magnetic resonance imaging of the cervical spine (9/22/2014) was documented as showing a 2-3mm disc protrusion at C3-4 and a 3mm disc protrusion at C6-7. On 2/09/2015, the injured worker reported neck pain (rated 6-7/10), with radicular symptoms into her left elbow and hands. She completed 3 sessions of chiropractic, which have helped her. She was recommended a short course of physical therapy for the left elbow. Currently (3/16/2015), the injured worker had completed the recommended therapy session for the left elbow. She reported that since chiropractic care was stopped, her pain, stiffness, and occasional headaches had increased. Pain was not rated and current medication regime was not noted. It was documented that unfortunately, the treatment did not result in any significant functional gains or symptom attenuation. Physical exam of the cervical spine noted tenderness along the suboccipital regions, adequate range of motion, and localized neck pain with orthopedic challenges. Exam of the right wrist noted positive Tinel's sign at the carpal tunnel and decreased sensation at the path of the median nerve. Exam of the left wrist noted slight tenderness at the carpal tunnel, good range of motion and strength, and good sensation. The left elbow remained tender over the lateral epicondyle region. The treatment plan included chiropractic 1 x 6 for the cervical spine, and X-force shockwave therapy x 3-6 for

chronic recalcitrant and lateral epicondylitis. The progress report did not discuss physical therapy 2 x 3 for the left elbow. Her work status remained with self-limited restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Physical therapy for the left elbow 2 times weekly for 3 weeks, quantity: 6 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PT Guidelines; [http://www.odg-twc.com/:lateral epicondylitis/Tennis elbow](http://www.odg-twc.com/:lateral%20epicondylitis/Tennis%20elbow).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 26.

Decision rationale: The requested therapy is for symptoms of elbow epicondylitis, but MTUS guidelines for chronic pain would also be appropriate in this very longstanding case. Short courses of manual treatment such as physical therapy are reasonable, but there needs to be evidence of functional benefit. The CA MTUS notes on page 26 of the ACOEM elbow chapter that, "It is reasonable to expect that if a particular (physical) treatment is going to benefit a particular patient, beneficial effects should be evident within 2-3 visits. Continuing with a treatment that has not resulted in objective improvement is not reasonable." In this case, it is documented on 3/16/2015 that left elbow therapy, "did not result in any significant functional gains or symptom attenuation." Therefore, the request is not medically necessary.

Associated surgical service: Chiropractic treatment for the cervical spine 1 time weekly for 6 weeks, quantity: 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: Manual treatment is supported for chronic pain caused by musculoskeletal conditions by the CA MTUS. However, such treatment has been performed in this very longstanding case; records do not document how many sessions. The CA MTUS notes that, "If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits" and that, "treatment beyond 4-6 visits should be documented with objective improvement in function." This is a very longstanding case with no documentation of functional improvement with prior chiropractic to support the request for additional chiropractic treatment at this time. The request is not medically necessary.

Associated surgical service: X-Force shockwave therapy x 3-6 (chronic recalcitrant and lateral epicondylitis): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <http://www.odg-twc.com>.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 29.

Decision rationale: The CA MTUS notes that, "Quality studies are available on extracorporeal shockwave therapy in acute, subacute, and chronic lateral epicondylalgia patients and benefits have not been shown. Thus there is a recommendation against using extracorporeal shockwave therapy." Therefore, the request is not medically necessary.