Case Number:	CM13-0003562		
Date Assigned:	02/05/2014	**Date of Injury:**	07/19/2010
Decision Date:	05/23/2014	**UR Denial Date:**	07/17/2013
Priority:	Standard	**Application Received:**	07/26/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in California. 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:

This is a patient with a date of injury of 7/19/10. A utilization review determination dated 7/17/13 recommends non-certification of E stim unit for home use and Dynamic tape. A 7/3/13 medical report identifies pain in the lateral aspect of the elbows and the dorsal forearm areas. On exam, there is tenderness at the lateral epicondyle and over the radial nerve. Lateral epicondylar steroid injection was performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

E STIM UNIT FOR HOME USE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117. Decision based on Non-MTUS Citation ACOEM Practice Guidelines https://www.acoempracguides.org/Elbow, Table 1, Summary of Recommendations, Elbow Disorders, https://www.acoempracguides.org/Handandwrist, Table 2, Summary of Recommendations, Hand and Wrist Disorders,Official Disability Guidelines (ODG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007),Chronic Pain Treatment Guidelines Page(s): 114-121.

Decision rationale: Regarding the request for E stim unit, the California MTUS does provide limited support for some types of electrical stimulation devices. However, the specific type of

device is not documented and, regardless, the CA MTUS typically recommends the devices that are supported only after there is a successful one-month trial demonstrating pain relief, functional improvement, decreased medication usage, etc. That has not been documented and there is no provision for modification of the current request. As such, the requested for E stim unit is not medically necessary.

DYNAMIT TAPE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117. Decision based on Non-MTUS Citation ACOEM Practice Guidelines https://www.acoempracguides.org/Elbow, Table 1, Summary of Recommendations, Elbow Disorders, https://www.acoempracguides.org/Handandwrist, Table 2, Summary of Recommendations, Hand and Wrist Disorders, and non-MTUS: Official Disability Gu

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007),Chronic Pain Treatment Guidelines Page(s): 114-121. Decision based on Non-MTUS Citation National Library of Medicine

Decision rationale: With regard to the Dynamit tape, it appears that the provider intended to request dynamic tape. The CA MTUS limits their recommendation for epicondylalgia supports to tennis elbow bands, braces, and epicondylitis straps. A search of the National Library of Medicine and other evidence-based resources failed to reveal consistent support for taping in the management of lateral epicondylitis. As such, the requested for Dynamit tape is not medically necessary.