

<b>Case Number:</b>	CM13-0003947		
<b>Date Assigned:</b>	09/11/2013	<b>Date of Injury:</b>	06/26/2012
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	07/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 physician 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 is a 51 year old female with a date of injury of 6/26/20. The diagnoses includes: Right lateral epicondylitis and probable radial tunnel syndrome, left lateral epicondylitis, and right wrist extensor tendinitis. A 6/18/13 physician note, indicates that the patient has continued with the self treatment without improvement. She had a temporary relief following an injection on her left elbow last visit. She has not received her ASTYM therapy. Objective findings indicate: right elbow: no soft tissue swelling. There is tenderness to palpation over the lateral epicondyle and extensor origin without palpable defects. There is pain with resisted/ repetitive dorsiflexion of the wrist. There is no tenderness with a negative Tinel's sign over the cubital tunnel and pronator wad. There is mild tenderness with an equivocal Tinel's sign over the radial tunnel. There is a negative elbow flexion sign without ulnar nerve subluxation. There is no pain/paresthesias with resisted elbow motion/finger flexion. There is a negative middle finger extension sign. There is no instability and no pain with stressing. Range of motion: Extension 0 degrees, flexion 115 degrees, pronation 80 degrees and supination 80 degrees. Left elbow: there is no soft tissue swelling. There is tenderness to palpation over the lateral epicondyle and extensor origin without palpable defects. There is pain with resisted/repetitive dorsiflexion of the wrist. There is no tenderness with a negative Tinel's sign over the cubital tunnel, radial tunnel and pronator wad. There is a negative elbow flexion sign without ulnar nerve subluxation. There is no pain/paresthesias with resisted elbow motion/finger flexion. There is a negative middle finger extension sign. There is no instability and no pain with stressing. Range of motion: extension 0 degrees, flexion 120 degrees, pronation 80 degrees and supination 80 degrees. Right forearm: there is tenderness to palpation over the lateral compartment

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective request for 12 ASTYM therapy visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 35-36.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, soft tissue mobilization, and Other Medical Treatment Guideline or Medical Evidence:  
<http://www.astym.com/Medical/Aboutasis/Criteria>

**Decision rationale:** 12 ASTYM therapy units are not medically necessary per MTUS guidelines. The Astym treatment is not a recommended treatment listed in the MTUS guidelines for lateral epicondylitis. Astym is described on the website <http://www.astym.com/Medical/About> as a type of soft tissue therapy. The Official Disability Guidelines (ODG) and the MTUS both state that soft tissue mobilization for the elbow at this point does not have enough high quality studies to make any conclusions on its effectiveness. The ODG states that for soft tissue mobilization "in general, it would not be advisable to use these modalities beyond 2-3 visits if signs of objective progress towards functional restoration are not demonstrated. Given that the use of ASTYM is not supported by the guidelines, the request is not certified