

<b>Case Number:</b>	CM13-0011819		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	05/15/2009
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	08/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2013

### 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 & Rehabilitation, and is licensed to practice in Illinois. 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 injured worker is a 40-year-old male with a reported date of injury on 05/15/2009. The mechanism of injury was noted to be cumulative trauma. His previous treatments were noted to include medications, surgery, and physical therapy. His diagnoses were noted to include bilateral carpal tunnel, and bilateral lateral epicondylitis. The progress note dated 08/05/2013 reported the injured worker complaining of left medial epicondyle pain that returned a few months earlier. The physical examination reported left medial epicondyle tenderness, and resisted elbow flexion with increased tenderness at the medial epicondyle. The Request for Authorization form was not submitted within the medical records. The request is for an iontophoresis to the left medial epicondyle; however, the provider's rationale is not submitted within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IONTOPHORESIS ,LEFT MEDIAL EPICONDYLE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-40.

**Decision rationale:** The request for an iontophoresis to the left medial epicondyle is non-certified. The injured worker complains of recurrent left medial epicondyle pain. The CA MTUS/ACOEM guidelines recommend iontophoresis since it is moderately costly, has few side effects, and it not invasive. The guidelines recommend six treatments for acute cases and 10 treatment for chronic cases, as long as the patient is showing functional improvement. The most recent progress note is dated 08/05/2013 and there is a lack of documentation with a recent, adequate, and complete assessment performed to warrant iontophoresis. There is also a lack of documentation regarding a trial of iontophoresis and additionally, the number of sessions was not provided within the medical records. Therefore, the request is non-certified.