

Case Number:	CM13-0035324		
Date Assigned:	12/13/2013	Date of Injury:	05/15/2009
Decision Date:	04/21/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/16/2013

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 Neuro-musculoskeletal Medicine and is licensed to practice in Arizona. 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 41-year-old male who sustained a left elbow injury in March of 2005 with subsequent right elbow injury on 5/29/2009. A visit with his primary treating physician dated August 5, 2013 documents that his left medial epichondyle pain returned a few months before; he had complained of left medial epichondyle pain in late 2012 and has periodically undergone treatment for such every since. Objectively on primary treating physician's progress report dated Oct 21, 2013, he has point tenderness of the left medial epichondyle that worsens upon elbow extension with noted decreased strength as documented on occupation therapy note dated 10/18/13 (75 versus 100lb grip strength, left versus right, respectively). He underwent a steroid injection on January 25, 2013, but his pain returned 5 months later. He is currently taking both Vicodin and Ibuprofen for oral pain management and has work place restriction of lifting less than 10 pounds and any pushing or pulling. It is documented that the patient has undergone 9 of 10 Iontophoresis treatments as of Oct 21, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

IONTOPHORESIS TO THE 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): 27,31,41.

Decision rationale: Iontophoresis is recommended for epicondylalgia with either glucocorticoid or Dicoflenac for short-term efficacy of this procedure in addressing lateral epicondylalgia. The physician representing [REDACTED] on September 17 and August 17, 2013 had certified the requested Iontophoresis treatment to the left medial epicondyle with a modification of a total of 10 sessions with either glucocorticoid or Dicoflenac. However, the original request does not state specificity the number of visits for the requested treatment. Based upon the original request of unlimited treatment visitations for this procedure, this request is not medically necessary and is therefore not certified.