MAXIMUS Federal Services

Case Number:	CM13-0044835		
Date Assigned:	12/27/2013	Date of Injury:	06/11/2012
Decision Date:	02/20/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/29/2013

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 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 39-year-old female with a date of injury on 06/11/2012. The appeal letter dated 01/20/2014 by [redacted] indicates that the patient's diagnosis include: (1) S/P left lateral epicondyle repair performed on 03/04/2013 by [redacted] with residual medial epicondylitis and cubital tunnel syndrome, (2) Cervical spine and trapezius muscles sprain and strain, (3) Right shoulder strain and tendonitis, and (4) Psych complaints. On 08/08/2013, the patient presented with left elbow pain with occasional numbness and tingling sensation to the 4th and 5th digits of the left hand, neck pain occasionally radiating to the right hand with swelling, right shoulder pain, and stress/depression and difficulty sleeping. Examination of the left elbow revealed tenderness over the medial and lateral epicondyles. Reverse Cozen's test and Tinel's sign were positive on the right. Range of motion was limited in all planes. Review of x-ray findings of the cervical spine from 2013 revealed decreased cervical lordotic curvature and decreased disk height at C5-C6. Physical therapy for 12 visits, OrthoStim4 unit, psychiatric consultation, and electro diagnostic studies of the bilateral upper extremities were requested. The patient returned on 09/17/2013, she completed 2 sessions of physical therapy with improved range of motion of the left elbow. Examination of the elbow appeared to be unchanged. Six visits of acupuncture and a diagnostic ultrasound of the left elbow were requested. EMG/NCV studies that were performed on 08/23/2013 revealed mild to moderate cubital tunnel syndrome at the right elbow and left, mild cubital tunnel syndrome was also noted. The patient x-rays of the left elbow on 08/08/2013 revealed no abnormalities. The utilization review letter dated 10/11/2013 issued a non-certification of the requested 6 sessions of acupuncture, psychiatric consultation, diagnostic ultrasound of the left elbow, and muscle stimulation unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 6: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This patient continues with persistent left elbow pain that has had minimal improvement with physical therapy. The acupuncture medical treatment guidelines state that the time to produce functional improvement is 3 to 6 treatments. Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20. It appears the request for 6 acupuncture treatments are within the guidelines noted above. Therefore, authorization is recommended.

Psych consult: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: This patient appears to be suffering from symptoms of anxiety and depression noted by the records secondary to her chronic pain. ACOEM Guidelines page 127 states that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. The treating provider mentions in his reports that the patient may benefit from additional expertise. Therefore, authorization is recommended.

Left elbow ultrasound: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), diagnostic use of ultrasound for epicondylitis.

Decision rationale: The patient continues with persistent left elbow pain with associated numbness and tingling into the 4th and 5th digits. The patient has received physical therapy with minimal benefit. The patient's x-rays of the left elbow from 08/08/2013 revealed no abnormalities. However, the EMG/NCV studies dated 08/23/2013 revealed mild cubital tunnel syndrome which suspects that there is indeed some form of nerve entrapment or mass in this

patient's left elbow. MTUS Guidelines are silent on this. Therefore, ODG Guidelines were reviewed which states that diagnostic ultrasounds may be used in situations of chronic elbow pain, suspect nerve entrapment or mass, plain films are nondiagnostic (an alternative to MRI if expertise available). The request for the diagnostic ultrasound in this case appears to be reasonable. Therefore, authorization is recommended.

IF unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS). Page(s): 118-120.

Decision rationale: The records indicate the patient continues with neck pain, shoulder pain, and left elbow pain. The progress report dated 08/08/2013 indicates that the treating physician have recommended muscle stim therapy in the form of the OrthoStim4 unit which is a combination unit that has an NMES function. Neuromuscular electrical stimulation (NMES devices) is not recommended by MTUS page 121. Therefore, recommendation is for denial.