

Case Number:	CM13-0051465		
Date Assigned:	12/27/2013	Date of Injury:	04/04/2006
Decision Date:	07/29/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/14/2013

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 Geriatrics, and is licensed to practice in New York. 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 injured worker is a 52 year old woman with a date of injury of 4/4/06. She was seen by her physician on 10/16/13 with complaints of right elbow and upper extremity pain. She noted relief with topical terocin and motrin and was working modified duty. Her physical exam showed she had normal strength and sensation in her upper extremities. She was tender over the right lateral epicondyle and right proximal extensor tendons. Tinel's sign was negative. Her diagnoses included right lateral epicondylitis, right extensor tendinitis and history of right DeQuervain's tenosynovitis. At issue in this review is the request for physical therapy and iontophoresis using hybrosis for her right upper extremity pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Iontophoresis using Hybrosis, Six (6) Sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow: Iontophoresis (updated 05/07/13).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 27.

Decision rationale: This injured worker has chronic lateral elbow pain. There is some evidence for short-term efficacy of iontophoresis for lateral epicondylalgia. However, in this injured worker the potential benefits of iontophoresis versus other therapy or medications is not detailed in the record to substantiate medical necessity.

Physical Therapy Twice a Week for Four (4) Weeks, Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: The Physical Medicine Guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine. In this injured worker, physical therapy has already been used as a modality in the past and a self-directed home exercise program should be in place. The injured worker is able to work modified duty. The records do not support the medical necessity for physical therapy visits twice weekly for 4 weeks in this individual with right elbow pain.