

Case Number:	CM13-0052289		
Date Assigned:	12/27/2013	Date of Injury:	06/11/2012
Decision Date:	08/04/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/15/2013

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 Emergency Medicine 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 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 female, who sustained an injury on June 11, 2012. The mechanism of injury occurred when she was pulling a lever and felt a pop in her elbow. Findings from an exam dated November 16, 2012, included complaints of left elbow and forearm pain, without numbness or tingling. Exam shows left elbow tenderness over the medial epicondylar process and proximal dorsomedial forearm muscles and minimally positive Cozen's sign. Diagnostics have included: electromyography (EMG)/ nerve conduction velocity (NCV) dated August 23, 2013, was reported as showing right carpal tunnel syndrome, left carpal tunnel syndrome; left elbow MRI. Treatments have included: physical therapy, medications, acupuncture, left lateral epicondyle debridement/extensor tendon release, home exercise program (HEP). The current diagnoses are: left elbow lateral epicondylitis, status post surgical release. Per the report dated October 29, 2013, the treating physician noted complaints of pain to the neck, right shoulder and left elbow, after completion of six sessions of acupuncture with temporary benefit. Exam shows left elbow medial greater than lateral epicondyle tenderness and a positive Cozen's sign. The stated purpose of the request for low energy extracorporeal shockwave therapy (3 sessions) was not noted. The request for low energy extracorporeal shockwave therapy (3 sessions) was denied on november 7, 2013, citing a lack of documentation of an injection, elbow pad or extension splinting and a lack of evidence of ongoing functional benefit. The stated purpose of the request for Fexmid 7.5mg #60 was not noted. The request for Fexmid 7.5mg #60 was denied on november 7, 2013, citing a lack of documentation of spasm on exam and muscle relaxants are not supported for the elbow or for chronic use.

IMR ISSUES, DECISIONS AND RATIONALES

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

LOW ENERGY EXTRACORPOREAL SHOCKWAVE THERAPY (3 SESSIONS):

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 38.

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

Decision rationale: ACOEM Guidelines recommend against this intervention. The injured worker has persistent pain to the neck, right shoulder and left elbow. The treating physician has documented left elbow medial greater than lateral epicondyle tenderness and a positive Cozen's sign. The treating physician has not documented trials of injections and/or splinting. Further there is no evidence-based medical literature supporting the long-term effectiveness of this therapeutic intervention. The criteria noted above not having been met, therefore, the request is not medically necessary.

FEXMID 7.5MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 40, Chronic Pain Treatment Guidelines CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants Page(s): 63-66.

Decision rationale: Chronic Pain Guidelines do not recommend long-term use of muscle relaxants. Additionally, guidelines do not recommend muscle relaxants for the treatment of elbow disorders. The injured worker has persistent pain to the neck, right shoulder and left elbow. The treating physician has documented left elbow medial greater than lateral epicondyle tenderness and a positive Cozen's sign. The treating physician has not documented spasm on exam nor objective evidence of derived functional benefit from previous use. The criteria noted above not having been met, therefore, the request is not medically necessary.