

Case Number:	CM13-0058035		
Date Assigned:	01/15/2014	Date of Injury:	08/05/2010
Decision Date:	04/21/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/26/2013

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 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 patient is a 62-year-old male who was injured on August 05, 2010. He fell on the date of his injury resulting in pain in his bilateral elbow. He was given cortisone injections for lateral epicondylitis in both elbows, which were helpful but have worn off. He has not had any treatment since then and symptoms have not improved in two years. Prior treatment history has included medications: Atenolol, Lexapro. There is no documentation that the patient has ever had physical therapy for bilateral elbows. Diagnostic studies reviewed include electromyogram (EMG) of the neck and bilateral upper extremities, which demonstrated no evidence of denervation. Progress note dated October 17, 2013 documented that the patient had complaints of pain in the right shoulder and radiating pain down the arm and into his hand. He is complaining of bilateral elbow pain. Objective findings on exam included examination of the upper extremities revealing significant tenderness over the lateral epicondyle. No redness or warmth or swelling. No tenderness over the medial epicondyle or olecranon. Elbow flexion, extension, pronation, supination, grip strength, finger abduction and flexion of the distal interphalangeal (DIP) joint of the fifth ring finger are normal and symmetric. In section of the left elbow reveals some tenderness of the lateral epicondyle. There was not any tenderness of the medial epicondyle or olecranon.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLECTOR PATCH: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: According to the California MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this case, the patient was diagnosed with lateral epicondylitis and a report dated October 17, 2013 does not document neuropathic pain and there is documentation of a normal upper extremity EMG/NCS. In addition, there is no documentation of trial and failure of antidepressants and anticonvulsants, and therefore the request is not medically necessary according to the guidelines.

TWELVE (12) SESSIONS OF PHYSICAL THERAPY FOR THE BILATERAL ELBOWS (INCLUDING CORTISONE PHORESIS, ULTRASOUND AND STRETCH), THREE (3) TIMES A WEEK FOR FOUR (4) WEEKS: Upheld

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

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

Decision rationale: The California MTUS guidelines recommend a maximum of 9-10 visits over 8 weeks of physical medicine for Myalgia and Myositis, unspecified. In this case, this patient has chronic elbow pain and the request is for 12 sessions of physical therapy to the bilateral elbows exceeds the guidelines recommendation of 9-10 visits. Additionally, the medical records submitted showed no documentation that the patient was ever treated with physical therapy for the bilateral elbows. Thus, the request is not medically necessary according to the guidelines.