

Case Number:	CM13-0061219		
Date Assigned:	12/30/2013	Date of Injury:	04/23/2010
Decision Date:	05/07/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/04/2013

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 and 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:

According to the records made available for review, this is a 47-year-old female with a 4/23/10 date of injury. At the time (11/4/13) of request for authorization for monopolar capacitive coupled radiofrequency (MCRF) x 6 months, there is documentation of subjective (pain) and objective (not none specified) findings, current diagnoses (trigeminal neuropathy and complex regional pain syndrome), and treatment to date (MCRF with 60% pain relief for 6 months). There is no documentation of pain associated with lateral elbow tendinopathies.

IMR ISSUES, DECISIONS AND RATIONALES

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

MONOPOLAR CAPACITIVE COUPLED RADIOFREQUENCY (MCRF) X 6 MONTHS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Foot/Ankle Spec.2012 OCT (5) online version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Noninvasive monopolar capacitive-coupled radiofrequency for the treatment of pain associated with lateral elbow tendinopathies: 1-year follow-up.

Decision rationale: MTUS and ODG do not address this issue. Medical Treatment Guideline identifies documentation of pain associated with lateral elbow tendinopathies, as criteria necessary to support the medical necessity of MCRF. In addition, Medical Treatment Guidelines identifies that further research in the form of a randomized clinical trial is recommended. A search of the National Guideline Clearinghouse and an extensive online search did not provide any guidelines addressing the requested MCRF for the diagnoses of trigeminal neuropathy or complex regional pain syndrome. Within the medical information available for review, there is documentation of diagnoses of trigeminal neuropathy and complex regional pain syndrome. In addition, there is documentation of previous MCRF with 60% pain relief for 6 months. However, there is no documentation of pain associated with lateral elbow tendinopathies. Therefore, based on guidelines and a review of the evidence, the request for monopolar capacitive coupled radiofrequency (MCRF) x 6 months is not medically necessary.