MAXIMUS Federal Services

Case Number:	CM14-0163060		
Date Assigned:	10/08/2014	Date of Injury:	05/26/2014
Decision Date:	11/26/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	10/03/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

AXIMUS 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 General Surgery 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:

This 54 year old male was injured on 5/26/14. This review is limited to the issues of the elbows. On 7/24/14 the patient complained of severe bilateral elbow pain and pain over the epicondyles. The diagnoses are bilateral upper extremity strain/sprain, right lateral epicondylitis, left common extensor tear, and bilateral carpal tunnel syndrome. The request was for range of motion testing, bilateral forearm splints, a TENS Unit, and an MRI of the right elbow. The medical records were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of motion office visit: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, Official Disability Guidelines (ODG), Treatment in Worker's Compensation, 7th Edition, current year (2009) On-Line Low Back Chapter (Updated 8/21/12), Flexibility

Decision rationale: "Not recommended as primary criteria, but should be a part of a routine musculoskeletal evaluation. The relation between lumbar range of motion measures and

functional ability is weak or nonexistent." Medical evidence-based Official Disability Guidelines do not support the use of this testing modality above and beyond the results of a physical examination. Therefore, the request for computerized range of motion testing is not medically necessary.

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114, 116. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain.

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines, "A one-month home-based TENS trial may be considered with documentation (as an adjunct to ongoing treatment modalities within a functional restoration approach) of how often the unit was used, as well as outcomes in terms of pain relief and function."A functional restoration program has not been documented. There has not been documentation of conservative management. The indication for use of a TENS Unit has not been suggested. The body part to be treated has not been specified. Therefore, the request for a TENS Unit is not medically necessary.

Forearm splints for bilateral elbows: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 5th Edition, 2007, Elbow-Splinting

Decision rationale: The Official Disability Guidelines states that elbow splinting is "Recommended for cubital tunnel syndrome (ulnar nerve entrapment), including a splint or foam elbow pad worn at night (to limit movement and reduce irritation), and/or an elbow pad (to protect against chronic irritation from hard surfaces).Under study for epicondylitis. No definitive conclusions can be drawn concerning effectiveness of standard braces or splints for lateral epicondylitis. If used, bracing or splitting is recommended only as short-term initial treatment for lateral epicondylitis in combination with physical therapy."The medical reports available to this reviewer have not established medical necessity for bilateral forearm splints as there is no evidence of a cubital tunnel syndrome. Therefore, the request for bilateral forearm splints is not medically necessary.

MRI of the right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: According to the MTUS ACOEM Practice Guidelines, "Criteria for ordering imaging studies are: - Emergence of a red flag - Physiologic evidence of tissue insult or neurologic dysfunction - Failure to progress in a strengthening program intended to avoid surgery."The medical reports available to this reviewer have not established medical necessity for a right elbow MRI. A red flag has not been identified. Conservative management has not been tried and reported as having failed. Therefore, the request for a right elbow MRI is not medically necessary.