

Case Number:	CM14-0170637		
Date Assigned:	10/23/2014	Date of Injury:	10/03/2013
Decision Date:	11/24/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/15/2014

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 Occupational Medicine and is licensed to practice in New York and North Carolina. 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, a 51-year-old woman usually working as a stocker, states she was lifting an item that was approximately 10 lb with an overstretched right hand and felt popping and pain. She has had physical therapy and acupuncture, and an MRI showing a right lateral tendon tear in December 11, 2013. She was treated with casting after surgery, a right lateral epicondyle release. Range of motion was normal 10/17/14 but power was decreased in the right shoulder and elbow (although improved from initial evaluation). She continues with tenderness to palpation in the right lateral epicondyle as of the 36th visit. She continues with difficulty gripping and twisting, lifting and carrying, pushing and pulling. She is appealing the denial of right elbow MRI without contrast and H-wave 30-day trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast, right elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-34. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, MRI

Decision rationale: The following are indications for elbow MRI, per ODG:- Chronic elbow pain, suspect intra-articular osteocartilaginous body; plain films nondiagnostic- Chronic elbow pain, suspect occult injury; e.g., osteochondral injury; plain films - nondiagnostic- Chronic elbow pain, suspect unstable osteochondral injury; plain films nondiagnostic- Chronic elbow pain, suspect nerve entrapment or mass; plain films nondiagnostic- Chronic elbow pain, suspect chronic epicondylitis; plain films nondiagnostic- Chronic elbow pain, suspect collateral ligament tear; plain films nondiagnostic- Chronic elbow pain, suspect biceps tendon tear and/or bursitis; plain films nondiagnostic- Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The ACOEM practice guidelines Elbow Complaints addition notes the following reasons for obtaining special imaging studies in the elbow: - The imaging study results will substantially change the treatment plan.- Emergence of a red flag.- Failure to progress in a rehabilitation program, evidence of significant tissue insult or neurological dysfunction that has been shown to be correctible by invasive treatment, and agreement by the patient to undergo invasive treatment if the presence of the correctible lesion is confirmed. The surgeon did not provide reasoning for ordering another MRI, or notification of any of the above possible indicators from either CAMTUS or ODG. It is not deemed medically necessary, and the denial is upheld.

H-wave for 30 day trial: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy (H wave stimulation) Page(s): 117-118. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, TENS and Pain, H-wave stimulation (HWT)

Decision rationale: The MTUS Chronic Pain Guidelines give guidance on use of H-wave stimulation. It is not recommended as an isolated intervention, but a one-month home-based trial of H-wave stimulation may be considered as a non-invasive conservative option for diabetic neuropathic pain, or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS). The one-month HWT trial may be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. PT records indicate that H-wave and interferential stimulation was used during sessions. There is no indication of a TENS being used, however. There is not clear documentation of how often it was used, although she did have some improvement in her power by the end of 36 visits. The ODG, in the elbow section, does not recommend TENS. There is insufficient evidence to show that TENS is effective. H-wave stimulation is not mentioned in the elbow section. It is mentioned, however in the Pain section of the guidelines: While not recommended as an isolated intervention, the following patient selection criteria should be documented by the medical care provider for H-wave stimulation

(HWT) to be determined to be medically necessary: A. HWT may be considered on a trial basis if other noninvasive, conservative modalities for the treatment of chronic pain have failed. B. Although there are no published studies to guide recommendations for use, a one-month home-based trial of HWT may be considered following a documented face-to-face clinical evaluation and physical examination performed by the recommending physician, who should also document the following in the medical record: (1) The reason the physician believes that HWT may lead to functional improvement and/or reduction in pain for the patient; & (2) The use of TENS for at least a month has not resulted in functional improvement or reduction in pain; & (3) PT, home exercise and medications have not resulted in functional improvement or reduction in pain; & (4) The patient is participating in an evidenced-based functional restoration program without satisfactory reduction in pain or functional improvement. C. The one-month initial trial will permit the physician and PT provider to evaluate any effects and benefits. A follow-up evaluation by the physician should take place to document how often the unit was used and any subjective improvement in pain and function. Use of HWT for periods of more than one month should be justified by documentation submitted for periodic review. The physician supplies no justification for ordering this treatment, including the points outlined above. He offers no reason why he believes that h-wave stimulation will lead to functional improvement and/or pain reduction, as noted above. There is no discussion by the physician about how physical therapy (PT), home exercise and medications have or have not resulted in functional improvement. Medical necessity has not been established.