MAXIMUS Federal Services

Case Number:	CM14-0033211		
Date Assigned:	09/12/2014	Date of Injury:	12/19/2001
Decision Date:	12/17/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/17/2014

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 and Environmental Medicine and is licensed to practice in West Virginia and Ohio. 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 individual is a 58 year old female who sustained an industrial injury on 12/19/01 involving her right arm/elbow and neck. She has ongoing complaints of continual neck pain (9/10) elbow pain and bilateral hand weakness with difficulties performing daily activities. She is status post bilateral carpal tunnel release and trigger finger release on bilateral hands. The last physical examination in the available medical record (3/13/14) notes: tenderness to palpation of the medial and lateral right epicondyles, reduced elbow range of motion. Tenderness to palpation of paraspinal cervical muscles with reduced range of cervical motion. Imaging referenced in the available record notes C5-7 stenosis with a disc bulge at C4-5. She has utilized physical therapy, acupuncture and home exercise to good effect and the current symptoms are described as an acute exacerbation. This request is for an interferential device for pain control and diagnostic ultrasound of her right elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic Ultrasound right elbow: 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), Elbow (Acute and Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines elbow, Ultrasound, Diagnostic

Decision rationale: The ODG states; "Ultrasound (US) has been shown to be helpful for diagnosis of complete and partial tears of the distal biceps tendon, providing an alternative to MRI. Ultrasound of the common extensor tendon had high sensitivity but low specificity in the detection of symptomatic lateral epicondylitis. (Levin, 2005) Limited evidence shows that diagnostic sonography may not be effective in predicting response to conservative therapy for tennis elbow (Struijs, 2005)."The ODG further states the indications for diagnostic ultrasounds include; chronic elbow pain if suspected nerve entrapment or suspected biceps tendon tear/bursitis if plain films are found to be non-diagnostic.This available medical record in this case provides no record of any imaging of the elbow. There is a mention of cervical imaging in the history but nothing else. ODG's indications for US imaging clearly require prior imaging to have been attempted regardless of the presumed diagnosis. As such, the requirements for an indication for US imaging of the right elbow are not met and this request is deemed not medically necessary.

Interferential Unit and Supplies for Interferential Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation, Transcutaneous electrotherapy Page(s): 54, 114-116, 118-120.

Decision rationale: ACOEM guidelines state "Insufficient evidence exists to determine the effectiveness of sympathetic therapy, a noninvasive treatment involving electrical stimulation, also known as interferential therapy. At-home local applications of heat or cold are as effective as those performed by therapists." MTUS further states regarding interferential units, "Not recommended as an isolated intervention" and details the criteria for selection:- Pain is ineffectively controlled due to diminished effectiveness of medications; or - Pain is ineffectively controlled with medications due to side effects; or - History of substance abuse; or - Significant pain from postoperative conditions limits the ability to perform exercise programs/ physical therapy treatment; or- Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). "If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits."The available records do not indicate any history of drug abuse, they note good prior benefit from physical therapy (and no contraindication to performing it) and effective use of pain killing drugs. As such the criteria above are not met and the request for an interferential unit is deemed not medically necessary.