

Case Number:	CM14-0066552		
Date Assigned:	07/11/2014	Date of Injury:	08/19/2013
Decision Date:	09/16/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/09/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 injured worker is a 37 year old male who reported an injury to his right elbow. The utilization review dated 04/30/14 indicates the request for an interferential unit with a conductive garment resulted in a denial as the requested device was related to postoperative care and no high quality studies have been published in peer reviewed literature supporting a MEDS-4-INF unit as part of the postoperative treatments. The clinical note dated 04/30/14 indicates the injured worker stating the initial injury occurred when he injured his right shoulder and elbow after falling over some weeds. The note also indicates the injured worker having undergone a right elbow distal biceps repair. The injured worker was recommended for a period of immobilization with the use of an elbow brace. The injured worker was also recommended for an interferential unit to decrease swelling and pain as well as increase muscle function for rehabilitative purposes. The clinical note dated 04/17/14 indicates the injured worker complaining of ongoing discomfort at the right elbow following the biceps tendon repair. The note indicates the injured worker able to demonstrate 45 degrees of supination and 50 degrees of pronation along with -30 degrees of extension and 90 degrees of flexion. The clinical note dated 04/03/14 indicates the injured worker utilizing Norco as part of the postoperative care to address the ongoing complaints of pain. The operative note dated 03/27/14 indicates the injured worker undergoing a right elbow distal biceps repair using the PEC Button.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Purchase Of Conductive Garment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

Decision rationale: Given the request the interferential stimulator unit was not deemed medically necessary, the additional request for a conductive garment is not medically necessary and appropriate.

3 Month Rental Of MEDS-4- INF (Interferential)Stimulator With Electrodes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ICS (Interferential current stimulation) Page(s): 118-119.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

Decision rationale: The documentation indicates the injured worker having undergone a right biceps distal tendon repair. The clinical notes indicate the injured worker being recommended for a MEDS-4-INF stimulator with electrodes. No high quality studies have been published in peer reviewed literature supporting the safety and efficacy of the use of an interferential unit as part of the postoperative care following a biceps tendon repair. Given that no high quality studies have recently been published in peer reviewed literature, this request is not medically necessary and appropriate.