

<b>Case Number:</b>	CM14-0070859		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	11/11/2013
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/16/2014

### 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 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 35-year-old right-hand dominant female who sustained work-related injuries on November 11, 2013. The magnetic resonance imaging scan of the elbow without contrast dated February 3, 2014 revealed (a) minimal increased signal intensity seen in the common flexor tendon at its attachment to the lateral epicondyle; (b) medial collateral, lateral collateral ligaments, and lateral ulnar collateral ligament are normal; (c) tendinopathy changes at the biceps tendon at its attachment to the radial tuberosity due to partial tear; and (d) increased signal intensity and size of the ulnar nerve is seen at the level of the medial epicondyle and query ulnar neuropathy. The medical records dated April 14, 2014 indicate that she complained of constant pain in her right biceps and entire arm with discoloration and weakness noted. She also complained of constant pain in her right elbow with radiation into her fingers which caused numbness and tingling sensation. She reported increased pain with driving, pulling, pushing, or with movement of the right arm. She complained of constant right wrist/hand pain and has difficulty performing supination activities. She has difficulty extending her fingers with swelling and loss of grip strength. On examination, tenderness was noted over the medial right elbow and right wrist. The wrist range of motion was limited with dorsiflexion. The right forearm range of motion was also limited. The motor testing was 3/5 on the right. The Tinel's sign was positive to the right elbow. The right shoulder examination revealed tenderness of the entire right upper extremity. The range of motion was full but painful. The motor testing was 3/5 on the right. The x-rays were within normal limits. Per the medical records dated May 7, 2014, she complained of feeling emotionally distressed due to continuing symptoms. She complained of headaches in the occiput and right temporal area consisting of tightness which can last throughout the day. She also noted that occipital pain would spread into the right posterior aspect of her neck. She also complained of sleep difficulty due to pain. She noted ripping type of pain above and below the

right elbow with tightness sensation in the right arm above the elbow. She had intermittent swelling of the right hand including the thumb and fingers specific to the index, ring, and small fingers. In an examination of the head, slight tenderness was noted at the right temporomandibular jaw, as well as at the right occipital nuchal area. An examination of the extremities noted swelling of the right hand compared to the left. Pain was noted with tapping of the right median nerve. Tenderness was noted over the right ulnar nerve of the elbow. The motor examination noted 4/5 at the right for grip strength and shoulder adduction while flexion and extension was 4+ and pinch strength was 3-4. The biceps reflex was 1+. Hyperesthesia and "dragging" sensation was noted in the upper extremities using light touch. Electromyographic testing dated May 7, 2104 was unremarkable but nerve conduction testing revealed decreased motor conduction velocity involving the right ulnar nerve across the elbow segment indicative of ulnar neuropathy possibly secondary to cubital tunnel syndrome. Her prior treatments include physical therapy, work modification/restrictions, pain management consultation, elbow and wrist splints, and medications including nabumetone 750 milligrams, acetaminophen 500 milligrams, orphenadrine citrate 100 milligrams, tramadol/acetaminophen hydrochloride 37.5/325 mg as well as hot/cold packs, and topical creams. She is diagnosed with (a) probable depression, (b) right ulnar neuropathy probably secondary to cubital tunnel syndrome; (c) comorbid orthopedic condition involving the right arm/biceps muscle; (d) headaches probably tension type secondary to injured workers neck symptoms; and (e) sleep initiation secondary to pain and with associated day time impairment.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical Therapy/Laser Therapy ( no frequency to duration indicated) to right upper extremity:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Low level laser therapy (LLLT).

**Decision rationale:** According to evidence-based guidelines, the requested laser therapy is recommended for adhesive capsulitis and impingement syndrome but is not recommended for osteoarthritis. The injured worker is noted to have super glenoid labrum lesion which is a condition not indicated for the requested laser therapy. Therefore, Physical Therapy/Laser Therapy (no frequency to duration indicated) to right upper extremity is not medically necessary.

**IF Unit for home use (purchase):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints,Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

**Decision rationale:** The evidence-based guidelines indicate that this treatment modality is not recommended as an isolated intervention. Moreover, there is no quality evidence of its effectiveness except in conjunction with recommended treatment programs, including return to work, exercise, and medications but evidence is limited on those recommended treatments alone. However, if it is to be used, a injured worker selection criteria has been provided and posits that (a) pain is ineffectively controlled due to diminished effectiveness of pain medications; (b) pain is ineffectively controlled with medications due to side effects; or (c) history of substance abuse; (d) significant pain from postoperative conditions which limits the ability to perform exercise programs/physical therapy treatment; or (e) unresponsive to conservative treatments (e.g. repositioning, heat/ice, etc.). A review of this injured worker's records indicate that she had prior conservative treatments including physical therapy, nonsteroidal anti-inflammatory drugs, work modifications/restrictions, hot/cold packs, medications, etc. which provided pain relief. In addition, the documentation presented does not clearly indicate that she meets the other injured worker selection criteria. Therefore, the clinical presentation of this injured worker does not satisfy the above provided selection criteria as conservative treatment is noted to provide pain relief. Such as, IF Unit for home use (purchase) is not medically necessary.