

<b>Case Number:</b>	CM14-0088663		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	03/17/2014
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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 Physical Medicine and Rehabilitation, 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:

This is a patient with a date of injury of 3/17/14. A utilization review determination dated 5/19/14 recommends non-certification of OrthoStim 4 and left elbow ultrasound. Physical therapy was modified from 8 sessions to 4 sessions. The patient had already attended six physical therapy sessions. 5/7/14 medical report identifies neck pain radiating to the left upper extremity, left shoulder, elbow, forearm, wrist, and hand pain. On exam, there is cervical spine tenderness with limited range of motion, shoulder tenderness with limited range of motion and positive impingement testing, left elbow tenderness over the lateral greater than medial epicondyles, Cozen's and reverse Cozen's tests are positive for increased pain in the lateral and medial epicondyles, tenderness over the distal flexor and extensors of the forearm/wrist with increased pain upon passive stretching and resisted motion of the wrist as well as limited range of motion, and decreased grip strength is noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home Electrical Muscle Stimulation Unit (OrthoStim 4):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 114-121 of 127 Page(s): 114-121 of 127.

**Decision rationale:** Regarding the request for OrthoStim 4, a multimodality electrical stimulation unit, California Medical Treatment Utilization Schedule (MTUS) notes that a 1-month trial of interferential stimulation is Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: 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.). NMES is not recommended as it is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. Galvanic/high-volt pulsed current stimulation is not recommended, as it is considered investigational for all indications. Within the documentation available for review, there is no rationale for the use of the device despite the recommendations of the California (MTUS) as noted above. In light of the above issues, the currently requested OrthoStim 4 is not medically necessary.

**Physical Therapy, 2 x 4 for the Neck, Left Shoulder, Left Elbow and Left Wrist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Shoulder (updated 04/2/2014), Physical Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 98-99 of 127 Physical Medicine Page(s): 98-99 of 127.

**Decision rationale:** Regarding the request for physical therapy, two times four for the neck, left shoulder, left elbow and left wrist, California Medical Treatment Utilization Schedule (MTUS) supports up to 10 sessions and cites that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Within the documentation available for review, the records suggest completion of six physical therapy sessions. The previous utilization reviewer modified the request to certify 4 additional sessions, but unfortunately, there is no provision for modification of the current request and no rationale is presented to support the medical necessity of more than 10 total physical therapy sessions despite the recommendations of the California Medical Treatment Utilization Schedule (MTUS). In light of the above issues, the currently requested physical therapy, two times four for the neck, left shoulder, left elbow and left wrist is not medically necessary.

**Diagnostic Ultrasound of the Left 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 - Elbow (updated 05/15/2014).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, Ultrasound, diagnostic.

**Decision rationale:** Regarding the request for diagnostic ultrasound of the left elbow, California Medical Treatment Utilization Schedule (MTUS) does not address the issue. Official Disability Guidelines (ODG) supports its use when there is chronic elbow pain and a suspected nerve entrapment, mass, biceps tendon tear, and/or bursitis (after plain films non diagnostic as an alternative to MRI if expertise available). Within the documentation available for review, there are clinical findings suggestive of epicondylitis and the provider has diagnosed the patient as such. Epicondylitis is a clinical diagnosis and there are no symptoms/findings suggestive of additional pathology for which advanced imaging is needed. In light of the above issues, the currently requested diagnostic ultrasound of the left elbow is not medically necessary.