MAXIMUS Federal Services

Case Number:	CM14-0089923		
Date Assigned:	07/23/2014	Date of Injury:	01/02/2013
Decision Date:	09/19/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/13/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 36-year-old male who reported an injury on 01/02/2013. While at work, he was standing on some steps; he thought he was on the second step, and then he took a step and fell, lost his balance, and landed with all his weight on his arm and hip. He reported that he injured his left elbow and left hip. Diagnosis was left elbow sprain/strain, left extensor tendinitis with extensor muscle mass spasm. Past treatments were not reported. Diagnostic studies were an x-ray of the left elbow, MRI of the left elbow that revealed lateral epicondylitis. There was no surgery reported. There were no subjective complaints reported. Physical examination on 06/09/2014 revealed upon palpation, tenderness over the left olecranon, range of motion for flexion and extension of the elbow was within normal limits. Neurological exam revealed motor strength a 4/5. Medications were not reported. Future medical care would be physiotherapy, acupuncture, and work conditioning to help strengthen and stabilize the elbow. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot/cold compression and ARS pad/wrap purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ()DG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guidelines or Medical Evidence.

Decision rationale: The California Medical Treatment Utilization Schedule, ACOEM, and Official Disability Guidelines do not address this request. The aqua relief system is a hot water therapy aqua relief system that introduces a new breakthrough in diabetic care and pain relief. It is effective for pain relief in joints and sore muscles. The price range is around $130. There is no scientifically based evidence to review. Due to the fact that the medical guidelines do not address this, it is not necessary and appropriate.

Elbow home exercise kit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The Official Disability Guidelines state for exercise, that it is recommended. Lateral epicondylitis and other disorders of the elbow can be treated conservatively with activity modification and exercise, including gentle muscle stretching, range of motion exercises, flexibility, and graduated strengthening. As with any treatment, if there is no improvement after 2 to 3 weeks, the protocol may be modified or re-evaluated. With regard to type of exercise, when trial concluded that concentric strengthening and stretching, and eccentric strengthening with stretching all show significant gains without significant differences with regard to pain free grip strength. The medical necessity for the elbow home exercise kit was not provided. Therefore, the request for elbow home exercise kit is not medically necessary and appropriate.

Interferential unit1-month trial and supplies with possible purchase if beneficial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: California MTUS recommends a one month trial of a TENS unit as an adjunct to a program of evidence-based ongoing treatment modalities within a functional restoration approach for chronic neuropathic pain. Prior to the trial California MTUS does not recommend interferential current stimulation (ICS) as an isolated intervention there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. California MTUS does not recommend NMES except as part of post stroke rehabilitation and further states that there is no evidence to support its use in chronic pain. Past conservative care

was not reported. Therefore, the request interferential unit 1 month trial and supplies with possible purchase if beneficial is not medically necessary and appropriate.