

Case Number:	CM14-0093482		
Date Assigned:	07/25/2014	Date of Injury:	04/30/2013
Decision Date:	09/26/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/19/2014

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 and is licensed to practice in Nevada. 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 gentleman who was reportedly injured on April 30, 2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated June 4, 2014, indicates that there are ongoing complaints of left elbow and right elbow pain. The physical examination demonstrated slight tenderness over the lateral epicondyles and no tenderness over the radial tunnel. Physical therapy was stated to have been completed. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes physical therapy and wrist splints. A request was made for iontophoresis patches with dexamethasone, thermaform, and a foam roller and was not certified in the pre-authorization process on June 4, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Med Ionto Patches patch with Dex: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, Hand, Iontophoresis, Updated August 8, 2014.

Decision rationale: According to the Official Disability Guidelines the use of iontophoresis is under study. It was stated that there is limited support for iontophoresis and phonophoresis. Considering this, the request for iontophoresis patches with dexamethasone is not medically necessary.

Thermaform for home heating: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Durable Medical Equipment, Updated August 25, 2014.

Decision rationale: It is unclear what is being requested with Thermaform for home heating. Without additional justification and clarification, this request for Thermaform for home heating is not medically necessary.

Foam roller: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Knee and Leg, Durable Medical Equipment, Updated August 25, 2014.

Decision rationale: A review of the Official Disability Guidelines does not specify the usage for a foam roller for the injured employee's compensable injuries. Without additional justification and clarification, this request for foam rollers is not medically necessary.