

Case Number:	CM14-0099351		
Date Assigned:	09/16/2014	Date of Injury:	04/27/2007
Decision Date:	11/13/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/27/2014

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 Medicine 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 4/27/07. A utilization review determination dated 6/6/14 recommends non-certification of interferential unit, ultrasound, electromyography (EMG)/nerve conduction study (NCS), and Voltaren XR. 5/19/14 medical report identifies conservative treatment including medications, cold packs, and a home paraffin bath. Patient complains of pain in the wrists/hands with numbness and tingling, elbows, shoulders, back, neck, and knees. On exam, there is tenderness, limited range of motion (ROM), positive Tinel's, Phalen's, Finkelstein's, hypermobility of the bilateral ulnar nerves at the elbows, Cozen's test positive, Tinel's positive at the elbows, positive shoulder impingement, and positive patellar grind test. Recommendations include x-rays, physical therapy (PT), home interferential unit, diagnostic ultrasound bilateral elbows, EMG/NCS bilateral upper extremity (BUE), hydrocodone, and Voltaren XR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home interferential unit with conductive sleeve for elbows: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Durable Medical Equipment (DME).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120 of 127.

Decision rationale: Regarding the request for interferential unit, CA MTUS Chronic Pain Medical Treatment Guidelines state that interferential current stimulation is not recommended as an isolated intervention. They go on to state that patient selection criteria if interferential stimulation is to be used anyways include pain is ineffectively controlled due to diminished effectiveness of medication, side effects or history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercises, or unresponsive to conservative treatment. If those criteria are met, then in one month trial may be appropriate to study the effects and benefits. With identification of objective functional improvement, additional interferential unit use may be supported. Within the documentation available for review, there is no indication that the patient has met the selection criteria for interferential stimulation outlined above. Additionally, there is no documentation that the patient has undergone an interferential unit trial with objective functional improvement and there is no provision for modification of the current request to allow for a trial. In light of the above issues, the currently requested interferential unit is not medically necessary.

Diagnostic ultrasound, bilateral elbows: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33, Chronic Pain Treatment Guidelines Elbow Imaging. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Elbow Procedure Summary last updated 2/14/14

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, bilateral elbows, CA MTUS states that it is supported for chronic elbow pain when there is a suspected nerve entrapment or mass, biceps tendon tear, and/or bursitis when plain films are non-diagnostic (an alternative to MRI if expertise available). Within the documentation available for review, it appears that the requesting provider has only just begun to treat the patient, there is some pending conservative treatment, and there is no evidence of non-diagnostic x-rays. In light of the above issues, the currently requested diagnostic ultrasound, bilateral elbows is not medically necessary.

EMG Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-34.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178 and 182.

Decision rationale: Regarding the request for EMG of bilateral upper extremities, CA MTUS and ACOEM state that electromyography and nerve conduction velocities, including H-reflex

tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Within the documentation available for review, it appears that the requesting provider has only just begun to treat the patient and there is some pending conservative treatment that may obviate the need for additional diagnostic testing depending on the patient's response. In light of the above issues, the currently requested EMG of bilateral upper extremities is not medically necessary.

Voltaren XR 100 mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72 of 127.

Decision rationale: Regarding the request for Voltaren XR, Chronic Pain Medical Treatment Guidelines state that non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, it appears that the request was made at the time of the provider's first visit with the patient. There is indication that the patient has utilized medication given by another provider, but the specific medication given is not identified. A short course of NSAIDs is appropriate, although ongoing use requires documentation of specific analgesic benefits (in terms of percent pain reduction or reduction in numeric rating scale) and objective functional improvement. In light of the above, the currently requested Voltaren XR is medically necessary.