MAXIMUS Federal Services

Case Number:	CM14-0139172		
Date Assigned:	09/05/2014	Date of Injury:	02/20/2009
Decision Date:	03/04/2015	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/28/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Hawaii
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58 year old worker sustained an injury 02/20/2009 when a co-worker grabbed her arm. The injured worker (IW) had right arm pain. According to the utilization review letter, compensable injuries were for the right elbow, Psych and GERD (gastroesophageal reflux disease). The Injured Worker was seen on 03/31/2014 for abdominal pain .The case was re-opened. Diagnoses at the 03/31/2014 visit were insomnia, gastropathy secondary to medication use, and an orthopedic condition. In an Agreed on Medical Exam (AME) of 05/06/2014 the diagnoses listed are of right elbow sprain, right medial epicondylitis, right olecranon bursitis and degenerative changes in the right elbow x-rays. A MRI report of 3/27/2014 stated there had been no substantial level of change when compared to prior examination. The medical review stated the Injured Worker had complaints of right elbow pain radiating upward to the right shoulder and down to the tips of the thumb, index, long, ring and little fingers No subsequent injuries or surgeries occured since 10/19/2010 which was the date she was last seen by the agreed on medical examiner, and in the interim the Injured Worker and been treated with topical ointments, and oral pain medications for her elbow. The worker has been off work since that time. On exam there was tenderness in the right elbow. There was a positive Tinel's sign on the right. The medial aspect of the right elbow and proximal forearm, posterior aspect of the right elbow and lateral aspect of the right elbow had swelling and discoloration. The diagnosis is right elbow osteoarthritis. Over the life of the claim, the Injured Worker has had physical therapy, and psychiatric care, but no surgical interventions. She has been using a transcutaneous electrical stimulation (TENS) unit at home. A request for authorization was made 07/29/2014 for elbow

pads and replacement of OS4 home unit. After review of 29 pages of medical records dating from 02/24/2014 to 07/082014, the Utilization Review (UR) physician issued a decision in a UR letter dated 08/05/2014 to non-certify the request for elbow pads and replacement of OS4 home unit. In the reviewed medical records there was no evidence of reduction in medications, reduction in medical care or clear evidence of functional gain despite the use of this unit. California Medical Treatment Utilization Schedule (CA-MTUS) chronic pain medical treatment guidelines were cited as reference. An application for independent review was made 08/25/2014 for the elbow pads and replacement of OS4 (TENS) home unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Elbow pads: 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 Elbow chapter Sprinting padding

Decision rationale: The patient presents with right elbow pain radiating upward to the right shoulder and down to the tips of the thumb, index, long, ring and little fingers. The current request is for elbow pads and replacement of OS4 (TENS) home unit. The ODG guidelines recommend an elbow pad for cubital tunnel syndrome and usage is under study for epicondylitis. In this case, the current request for elbow pads is not medically necessary as the patient is not diagnosed with cubital tunnel syndrome.

Replacement of OS4 home unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation). Decision based on Non-MTUS Citation Official Disability Guidelines, Online Edition, Pain Chapter: TENS

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

Decision rationale: The patient presents with right elbow pain radiating upward to the right shoulder and down to the tips of the thumb, index, long, ring and little fingers. The current request is for elbow pads and replacement of OS4 (TENS) home unit. The treating physician states that the patient has reached maximum medical improvement. The treating physician notes that the patient states the TENS unit works and now that her TENS home unit is broken she calls more frequently for medications. The MTUS guidelines on page 114 states that TENS is recommended for neuropathic pain. The MTUS guidelines goes on to say, not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use, for the conditions described below. In this

case, the treating physician has not provided documentation of functional improvement with TENS usage. There is no documentation of how often the previous TENS unit was being used or what relief, if any was being obtained. The current request for a replacement OS4 (TENS) unit is not medically necessary.