

Case Number:	CM14-0196655		
Date Assigned:	12/04/2014	Date of Injury:	12/07/2012
Decision Date:	12/21/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/24/2014

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
 Certification(s)/Specialty: Emergency Medicine

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 58 year old male injured worker suffered an industrial injury on 12-7-2012. The diagnoses included tennis elbow, lateral epicondylitis with cubital tunnel syndrome. There was an undated prescription for OrthoStim with indications to manage pain, reduce swelling-inflammation, increase or maintain range of motion and improve activities of daily living and functioning. On 10-28-2014, the provider reported right elbow swelling and difficulty with opening and closing jars. On exam, the right elbow had moderate swelling over the lateral epicondyle with tenderness. The provider noted there was a possibility of a right total elbow replacement once the CT scan and EMG findings were available. The documentation provided did not include an evaluation of the effectiveness of the OrthoStim unit, how long it had been in use and the dates it had been in use. Request for Authorization date was 9-22-2015. Utilization Review on 10-29-2014 determined non-certification for Refill Electrodes times 3 months, batteries times 3 months, wipes times 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Refill Electrodes times 3 months, batteries times 3 months, wipes times 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Electrical stimulators (E-stim).

Decision rationale: The requested Refill Electrodes times 3 months, batteries times 3 months, wipes times 3 months, is not medically necessary. CA Chronic Pain Medical Treatment Guidelines, Transcutaneous electrotherapy, Interferential current stimulation, Page 118-120, noted that this treatment is "Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone... There are no published randomized trials comparing TENS to Interferential current stimulation;" and the criteria for its use are: "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.)." The injured worker has right elbow swelling and difficulty with opening and closing jars. On exam, the right elbow had moderate swelling over the lateral epicondyle with tenderness. The provider noted there was a possibility of a right total elbow replacement once the CT scan and EMG findings were available. The documentation provided did not include an evaluation of the effectiveness of the OrthoStim unit, how long it had been in use and the dates it had been in use. The criteria noted above not having been met, Refill Electrodes times 3 months, batteries times 3 months, wipes times 3 months is not medically necessary.