MAXIMUS Federal Services

Case Number:	CM14-0207455		
Date Assigned:	12/19/2014	Date of Injury:	06/18/2013
Decision Date:	02/10/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/11/2014

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 Orthopedic Surgery 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:

According to the records made available for review, this is a 53-year-old female with a 6/18/13 date of injury, s/p right shoulder arthroscopy/Mumford (undated). At the time (10/23/14) of request for authorization for Associated surgical service: pre-operative clearance, Associated surgical service: surgi-stim unit for 90 days, and Associated surgical service: cold therapy unit for 90 days, there is documentation of subjective (unchanged symptoms of right lateral elbow pain radiating to the dorsal wrist which affects activities of daily living) and objective (right elbow edema, marked tenderness to palpation over lateral epicondyle and elbow pain, and active range of motion decreased in flexion secondary to lateral elbow pain) findings, current diagnoses (bilateral shoulder sprain/strain and right elbow/forearm strain with medial and lateral epicondyle common extensor tendon micro-tear, edema, and radial nerve entrapment), and treatment to date (physical therapy, home exercise program, cortisone injection to right elbow, and medications (including Norco)). 11/17/14 medical report identifies surgery for open exploration and debridement with repair ECRB/ECRL right elbow is certified/authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Position paper, US Department of Health and Human Services, preoperative evaluations, www.guideline.gov/content.aspc?id=38289

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative lab testing

Decision rationale: MTUS does not address this issue. ODG identifies that preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, and urinalysis) is often performed before surgical procedures. Within the medical information available for review, there is documentation of diagnoses of bilateral shoulder sprain/strain and right elbow/forearm strain with medial and lateral epicondyle common extensor tendon micro-tear, edema, and radial nerve entrapment. In addition, there is documentation of a surgery that is certified/authorized. Therefore, based on guidelines and a review of the evidence, the request for pre-operative clearance is medically necessary. This review presumes that a surgery is planned and will proceed.

Associated surgical service: surgi-stim unit for 90 days: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, 31,Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) and Interferential Current Stimulation (ICS).

Decision rationale: A search of the manufacturer's website indicates that the SurgiStim is a device that utilizes interferential stimulation, neuromuscular stimulation and a high-voltage pulsed current. MTUS reference to ACOEM identifies that physical modalities, such as transcutaneous electrical neurostimulation (TENS) units, have no scientifically proven efficacy in treating acute hand, wrist, or forearm symptoms. MTUS Chronic Pain Medical Treatment Guidelines identifies that interferential current stimulation (ICS), Microcurrent electrical stimulation (MENS devices), and Neuromuscular electrical stimulation (NMES devices) are not recommended. Therefore, based on guidelines and a review of the evidence, the request for associated surgical service, surgi-stim unit for 90 days, is not medically necessary.

Associated surgical service: cold therapy unit for 90 days: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: PMID: 18214217 PubMed - indexed for MEDLINE

Decision rationale: MTUS reference to ACOEM identifies patients' at-home applications of heat or cold packs may be used before or after exercises and are as effective as those performed

by a therapist. ODG identifies cryotherapy is only supported in the postoperative management of shoulder and knee injuries. Medical Treatment Guideline identifies generally, solely an analgesic effect was demonstrated by the use of continuous cooling; that crushed ice, cold packs and electric-powered cooling devices differ in handling, effect and efficiency; and that the exact recommendations on application time and temperature cannot be given. Therefore, based on guidelines and a review of the evidence, the request for associated surgical service, cold therapy unit for 90 days, is not medically necessary.