

Case Number:	CM14-0209507		
Date Assigned:	12/22/2014	Date of Injury:	08/09/2011
Decision Date:	02/24/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/15/2014

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabn, Neuromuscular 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 patient is a 42 year old male who had a work injury date 8/9/11. The diagnoses include chronic left elbow lateral epicondylitis. An 11/5/14 primary treating physician progress note is handwritten and somewhat illegible. It states that the patient has 80% improvement in his low back with the medial branch blocks. There is a follow up with a physician regarding a rhizotomy and a follow up for his spine. He is to proceed with left elbow surgery. On exam of the left elbow there is tenderness to palpation around the medial lateral epicondyle. There is 130 degrees of flexion and 0 of extension. There is a positive Tinel and Cozen test. The treatment plan includes proceeding with left elbow surgery and requesting lumbosacral rhizotomy; interferential unit and Thermophore to decrease spasm, swelling, increase ADLs and decrease pain and inflammation. The MRI of his left elbow performed on 10/21/14 shows moderately severe epicondylitis with interstitial delamination and partial tearing of the common extensor tendon origin with moderate medial epicondylitis and muscle belly strain at the myotendinous junction with posterolateral joint synovitis. An 11/12/14 preauthorization request seeks approval for a chronic lateral epicondylitis using ultrasound guided percutaneous tenotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: IF Unit is not medically necessary per the MTUS Chronic Pain Medial Treatment Guidelines. The guidelines state that in regards to interferential therapy 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. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain those criteria are met, then a one-month trial may be appropriate to permit the physician and physical therapy provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. The documentation does not indicate a one month trial of this unit prior to purchase. The request of an IF unit is not medically necessary.

Thermaphore: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Workers Compensation TWC, Elbow

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271, 273.

Decision rationale: Thermophore is not medically necessary per the MTUS ACOEM Guidelines and the ODG. The guidelines state that at home applications of heat or cold packs are optional for musculoskeletal complaints but that the evidence does not meet inclusion for research based evidence. The ODG states that for the elbow at-home applications of cold packs are recommended during first few days; thereafter applications of either heat or cold packs to suit patient. The documentation is not clear why the patient requires a specialized heating pad such as the Thermophore. There is no research based evidence that this will change the patient's outcome. The request for thermophore is not medically necessary.