

<b>Case Number:</b>	CM14-0079948		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	11/24/2013
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	05/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2014

### 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: Oregon  
 Certification(s)/Specialty: Plastic Surgery, Hand Surgery

### 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 injured worker is a 38 year old, male who sustained a work related injury on 11-24-13. A review of the medical records shows he is being treated for right elbow-wrist and low back pain. Treatments have included chiropractic treatments, acupuncture, and medications. In the progress notes, the injured worker reports persistent moderate, and at times severe, right elbow pain and right wrist pain with radiation of numbness and tingling going towards his hand. He reports weakness in right hand. He reports persistent moderate, and on occasion severe, low back pain. His right elbow-wrist and low back pain symptoms have not significantly changed in the last few visits. In physical exam dated 4-2-14, he has tenderness with spasms in the lumbar paraspinal muscles and L4 spinous process. He has limited lumbar range of motion due to pain. He has decreased grip strength with right hand. He has tenderness to palpation of the right elbow joint. He has limited right elbow range of motion. He has tenderness to palpation of the right thenar eminence and right carpal bones. He has hypesthesia of the entire right palmar aspect of the hand and the fingertips. He is working with restrictions. The treatment plan includes requests for extracorporeal shock wave treatments for the right elbow, for a lumbar support, and for a TENS unit-interferential unit. The orders for durable medical equipment dated 4-2-15 has a requests for an interferential unit, hot-cold pack-wrap, for a lumbar sacral orthosis back support and for a right elbow support. In the Utilization Review dated 5-17-14, the requested treatments of an interferential unit 1 month rental, 2 electrode packs, 2 batteries and a lumbar sacral orthosis brace are all not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 Interferential unit 1 month rental:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

**Decision rationale:** According to Chapter 3 of ACOEM, Initial Approaches to Treatment, Physical Methods of ACOEM states "electrical stimulation can keep symptoms at bay temporarily, diminishing pain long enough so that patients begin to mobilize." According to the ODG guidelines, "Interferential stimulation for pain is: Possibly appropriate for the following conditions: 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 or acute conditions limits the ability to perform exercise programs/physical therapy treatment; or Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.)" This patient has pain that is ineffectively controlled with medications. In addition, his pain has been unresponsive to conservative measures such as chiropractic treatments, acupuncture, and medications. ACOEM and ODG support interferential stimulation in this setting. The treatment is medically necessary.

### **2 Electrodes pack (4 per pack):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

**Decision rationale:** As noted in question 1, ACOEM and ODG both support interferential stimulation. Therefore, supplies for interferential stimulation including batteries and electrodes should be medically necessary.

### **2 Batteries:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

**Decision rationale:** As noted in question 1, ACOEM and ODG both support interferential stimulation. Therefore, supplies for interferential stimulation including batteries and electrodes should be medically necessary.

### **1 LSO back support:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

**Decision rationale:** Per ACOEM, Low Back, Chapter 12, page 298: Lumbar Support: There is no evidence for the effectiveness of lumbar supports in preventing back pain in industry. Proper lifting techniques and discussion of general conditioning should be emphasized, although teaching proper lifting mechanics and even eliminating strenuous lifting fails to prevent back injury claims and back discomfort, according to some high-quality studies. ACOEM does not support the use of lumbar supports. The patient can be alternatively managed with conditioning and instruction in proper lifting. Therefore, the requested 1 LSO back support is not medically necessary.

**Unknown ESWT (Extracorporeal Shock Wave Therapy) sessions for the right elbow:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Elbow Complaints 2007.

**MAXIMUS guideline:** Decision based on MTUS Elbow Complaints 2007, Section(s): Lateral Epicondylalgia.

**Decision rationale:** Per ACOEM, Elbow Complaints, page 29: "Quality studies are available on extracorporeal shockwave therapy in acute, subacute, and chronic lateral epicondylalgia patients and benefits have not been shown. This option is moderately costly, has some short-term side effects, and is not invasive. Thus, there is a recommendation against using extracorporeal shockwave therapy [Evidence (A), Strongly Recommended Against]." ACOEM strongly recommends against treatment of lateral epicondylitis with extracorporeal shockwave therapy. ODG also recommends against ESWT. The treatment is not medically necessary because efficacy is not established.