

Case Number:	CM15-0134912		
Date Assigned:	07/23/2015	Date of Injury:	08/13/2012
Decision Date:	10/20/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/13/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 injured worker is a 61 year old male who sustained an industrial injury on 08-13-2012. Records show that the injured worker was being treated for cervical spine radiculitis and status post lateral epicondylitis release right, and right elbow severe cartilage loss. Treatment to date has included medications, physical therapy and surgery. According to a progress report dated 06-10-2015, the injured worker was seen for a follow up of his right elbow. He reported that his right elbow was doing well but remained with discomfort. Pain was rated 2 on a scale of 1-10. He also reported pain in the cervical spine. X-rays of the right elbow and right forearm showed no increase of osteoarthritis. The treatment plan included an interferential unit for 30-60 day rental and purchase if effective for long term care with supplies as needed to manage pain and reduce medication. Medications prescribed included Hydrocodone-APAP 2.5-325 mg #30, Cyclobenzaprine 7.5 mg #60, Diclofenac Sodium ER 100 mg #60, Tramadol HCL ER 150 mg #30 and Pantoprazole sodium ER 20 mg #60. Urine toxicology was performed. He was instructed to do heat and ice contrast therapy. He was to return in 6 weeks for a follow up. Work status was per (another provider). An authorization request dated 06-24-2015 was submitted for review. The requested services included interferential unit 30-60 days rental purchase if effective date of service 06-10-2015. On 06-26-2015, Utilization Review non-certified the request for interferential unit 30-60 days rental for right shoulder-elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF unit 30-60 days rental for right shoulder/elbow: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Interferential unit (IF).

Decision rationale: Pursuant to the Official Disability Guidelines, Interferential unit (IF) 30 - 60 day rental to the right shoulder and elbow is not medically necessary. IF is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with the recommended treatments including return to work, exercise and medications area randomized trials have evaluated the effectiveness of this treatment. The findings from these trials were either negative or insufficient for recommendation due to poor's study design and/or methodologic issues. The Patient Selection Criteria should be documented by the medical care provider for IF to be medically necessary. These criteria include pain is ineffectively controlled due to diminished effectiveness of medications; due to side effects of medications; history of substance abuse; significant pain from post operative or acute conditions that limit the ability to perform exercise programs or physical therapy; unresponsive to conservative measures. If these 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. In this case, the injured worker's working diagnoses are other joint derangement NEC; and pain in joint upper arm. The date of injury is August 13, 2012. Request for authorization is June 24, 2015. According to a progress note dated June 10, 2015, the injured worker is being treated for cervical spine radiculitis. The injured worker is status post lateral epicondylitis release. Subjectively, the injured worker's elbow derangement is doing well with a pain score 2/10. Objectively, there is no physical examination in the medical record. X-rays of the elbow were taken. The treatment plan includes heat and ice. The guidelines state if the criteria are met than a one month trial may be appropriate. The treating provider requested a 30 - 60 day rental. The request exceeds the recommended guidelines. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and a request for a 30 - 60 day rental in excess of the recommended guidelines for a one-month trial, Interferential unit (IF) 30 - 60 day rental to the right shoulder and elbow is not medically necessary.