

Case Number:	CM15-0136312		
Date Assigned:	07/27/2015	Date of Injury:	10/28/2008
Decision Date:	09/22/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/14/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 67 year old female, who sustained an industrial injury on October 28, 2008. Several documents included in the submitted medical records are difficult to decipher. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having status post right shoulder arthroscopy with rotator cuff repair, subacromial decompression and distal clavicle excision in 2012, right elbow medial epicondylitis with bursitis and cubital tunnel syndrome, cervical spine sprain-strain with right upper extremity radiculopathy with negative nerve conduction velocity study in 2015, and status post right shoulder scope sprain-strain. Diagnostic studies to date have included: On March 29, 2015, an ultrasound of the bilateral elbows revealed edema, fibrosis, and microtears of the right common flexor tendon origin. The medical records refer to electromyography and nerve conduction velocity studies being obtained on March 24, 2015, with negative results revealed on the nerve conduction velocity study. The reports of these studies were not included in the provided documentation. On March 29, 2015, an ultrasound of the right shoulder revealed status post right shoulder surgery with intact rotator cuff, postsurgical changes, and distal clavicle excision. Treatment to date has included physical therapy, acupuncture, a right elbow steroid injection, right elbow bracing, home exercises, and medications including topical pain, proton pump inhibitor, histamine 2 antagonist, Dopamine antagonist/prokinetic, and sleep. There were no noted previous injuries or dates of injury. Comorbid diagnoses included history of hypercholesterolemia and asthma. On June 4, 2015, the injured worker reported right medial elbow tenderness, numbness, and tingling radiating to the right fourth and fifth fingers. The physical exam revealed tenderness of the medial epicondyle of the right elbow with flexion = 130 degrees, extension = 0 degrees, supination = 80, and

pronation - 80 degrees. There was right shoulder tenderness to palpation of the trapezius, levator scapulae, and periscapular. There was positive crepitus, negative impingement, and active trigger points with palpation of the upper trapezii and levator scapulae. Her work status is temporarily totally disabled. The treatment plan included: Shockwave Therapy, Psych Consultation, VQ Night Elbow Brace, Conductive Sleeve, Elbow Pad and Elbow Wrap, and Lidoderm Patch 5%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave Therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (Acute & Chronic): Extracorporeal shockwave therapy (ESWT).

Decision rationale: The ACOEM (American College of Occupational and Environmental Medicine), recommends against the use of extracorporeal shockwave therapy as quality studies have not shown benefit in acute, subacute, and chronic lateral epicondylalgia patients. The Official Disability Guidelines (ODG) recommends against high energy extracorporeal shockwave therapy, "but low energy ESWT may show better outcomes without the need for anesthesia, but is still not recommended". If the decision is made to use this treatment despite the lack of convincing evidence, the criteria extracorporeal shockwave therapy includes: Patients whose pain from lateral epicondylitis (tennis elbow) has remained despite six months of standard treatment, at least three conservative treatments (rest, ice, non-steroidal anti-inflammatory drugs, orthotics, physical therapy, and Cortisone injections) have been performed prior to use of extracorporeal shockwave therapy." Contraindicated in Pregnant women; Patients younger than 18 years of age; Patients with blood clotting diseases, infections, tumors, cervical compression, arthritis of the spine or arm, or nerve damage; Patients with cardiac pacemakers; Patients who had physical or occupational therapy within the past 4 weeks; Patients who received a local steroid injection within the past 6 weeks; Patients with bilateral pain; Patients who had previous surgery for the condition." A maximum of 3 therapy sessions over 3 weeks. The injured worker is diagnosed with medial, not lateral epicondylitis. She has been treated with physical therapy and a cortisone injection. Therefore, the extracorporeal shockwave therapy is not medically necessary.

Psych Consultation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 47; 196.

Decision rationale: Per the ACOEM (American College of Occupational and Environmental Medicine), Psychological evaluation is recommended at 3-4 weeks if there is an abnormal pain assessment of the elbow or if shoulder symptoms persist for >4-6 weeks. The medical records show that the psychological consultation is requested for prescription management for Zolpidem. There was lack of documentation of an abnormal pain assessment. Therefore, the request for a psychological consultation is not medically necessary.

VQ Night Elbow Brace: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 234-235; 241.

Decision rationale: The ACOEM (American College of Occupational and Environmental Medicine) recommends night extension splints as options for treatment of ulnar nerve entrapment. The request was for night time splinting for right cubital tunnel. The injured worker was diagnosed with right medial epicondylitis with bursitis and cubital tunnel syndrome. The use of an elbow brace appears appropriate given the injured workers clinical presentation. Therefore, the request for a VQ Night Elbow Brace is medically necessary.

Conductive Sleeve: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 235, Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114.

Decision rationale: The request is for a conductive sleeve, which takes the place of traditional adhesive electrodes when used in conjunction with an electrical stimulation device such as transcutaneous electrical nerve stimulation (TENS). Per the California Medical Treatment Utilization Schedule (MTUS) guidelines, TENS is recommended when there is evidence of pain of at least three months duration, trial and failure of other appropriate pain modalities (including medication), and a one-month trial period of the TENS unit as an adjunct to ongoing treatment modalities within a functional restoration approach) that includes documentation of how often the unit was used, and pain relief and function outcomes; rental would be preferred over purchase during this trial. In addition, documentation should include evidence of medication usage, a treatment plan with the specific short- and long-term goals of treatment with the TENS unit, and a two lead is generally recommended. Per the CMTUS guidelines, TENS is recommended for the treatment of chronic intractable pain for the following conditions diabetic neuropathy and post-herpetic neuralgia, phantom limb pain, complex regional pain

syndrome I and II, spasticity in spinal cord injury, and multiple sclerosis pain and muscle spasm. The ACOEM (American College of Occupational and Environmental Medicine) notes that the use transcutaneous electrical nerve stimulation for elbow complaints as an adjunct to a program of evidence-based functional restoration may be acceptable, if tied to signs of objective progress within two to three weeks. There is lack of evidence of pain of at least three months duration, trial and failure of other appropriate pain modalities (including medication), and a one-month trial period of the TENS unit as an adjunct to ongoing treatment modalities within a functional restoration approach) that includes documentation of how often the unit was used, and pain relief and function outcomes. Therefore, the request for a Conductive Sleeve is not medically necessary.

Elbow Pad and Elbow Wrap: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 234-235; 241.

Decision rationale: The request is for elbow padding and an elbow wrap. The ACOEM (American College of Occupational and Environmental Medicine) recommends elbow padding for olecranon bursitis and elbow supports (Tennis elbow band) for epicondylitis. Initial conservative care often consists of activity modification using epicondylalgia supports (tennis elbow bands), the injured worker has a diagnosis of right elbow medial epicondylitis with bursitis and cubital tunnel syndrome, the use of elbow padding and wrapping appears appropriate, therefore the request for Elbow Pad and Elbow Wrap is medically necessary.

Lidoderm Patch 5% #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 56-57; 241, Chronic Pain Treatment Guidelines Lidoderm; Topical Analgesics Page(s): 111-112.

Decision rationale: The California Medical Treatment Utilization Schedule (CMTUS) Chronic Pain Medical Treatment Guidelines recommends topical analgesics primarily for neuropathic pain. Per the CMTUS, Lidoderm may be recommended for localized peripheral pain when trials of antidepressants and anticonvulsants such as gabapentin or Lyrica have failed. The ACOEM (American College of Occupational and Environmental Medicine) guidelines recommend topical medications as an option for the treatment of elbow complaints. A review of the injured workers medical records reveal multiple co morbid conditions as well as a complicated course of recovery, in her case the use of a topical analgesic appears appropriate. Therefore, the request for Lidoderm patch 5% is medically necessary.

