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| <b>Case Number:</b>   | CM15-0189668 |                              |            |
| <b>Date Assigned:</b> | 10/01/2015   | <b>Date of Injury:</b>       | 09/28/2011 |
| <b>Decision Date:</b> | 11/12/2015   | <b>UR Denial Date:</b>       | 09/02/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/25/2015 |

### 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

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 46 year old female, who sustained an industrial injury on 9-28-11. The injured worker was diagnosed as having right lateral epicondyle pain; right lateral epicondylitis with a tear of ECRB, prominent spur, prominent suture. Treatment to date has included right elbow surgery; status post right elbow lateral epicondyle release with osteotomy and repair of extensor mechanism (7-23-15); physical therapy; medications. Currently, the PR-2 notes dated 8-24-15 is hand written and difficult to decipher. The notes documented by the provider appear to indicate the injured worker is "one month status post right lateral epicondyle release. Physical therapy x6 was ordered post-operative. Still complains of pain in the right elbow. Objective findings: positive tender to palpation at the medial epicondyle, positive for swelling at incision site. Diagnosis: right lateral epicondylitis; status post right elbow lateral epicondyle release with osteotomy and repair of extensor mechanism on 7-23-15. (The operative record notes she has had a prior right elbow surgery with increasing pain.) Request authorization for physical therapy 2x6 and silicone patches." A PR-2 notes dated 7-31-15 is also hand written and difficult to decipher. The note documented by the provider appears to indicate "One week post op; doing OK in sling; complains of itching at incision site. Objectives findings: tender to palpation at epicondyle; minimal swelling. Removed sutures; no signs of infection; Steri strips applied.

Authorize post-operative Occupational therapy 12 visits." There are no physical therapy or occupational therapy post-operative notes submitted for review. A Request for Authorization is dated 9-24-15. A Utilization Review letter is dated 9-2-15 and non-certification was for Silicone patches, 1 box and modified the certification for Physical therapy two per week for six weeks (12 sessions) to authorize 2 sessions of physical therapy only. A request for authorization has been received Silicone patches, 1 box and . Physical therapy two per week for six weeks (12 sessions).

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Silicone patches, 1 box:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://www.ncbi.nlm.gov/pmc/articles/PMC2918339/>The Efficacy of Silicone Gel for the treatment of Hypertrophic scars and Keloids.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2918339/>.

**Decision rationale:** MTUS guidelines and the ODG do not address the use of silicone patches; therefore, alternative guidelines were consulted. Per manufacturer information, silicone gel contains long chain silicone polymer (polysiloxanes), silicone dioxide and volatile component. Long chain silicone polymers cross link with silicone dioxide. It spreads as an ultra thin sheet and works 24 hours per day. It has a self-drying technology and itself dries within 4-5 minutes. It has been reported to be effective and produce 86% reduction in texture, 84% in color and 68% in height of scars. Silicon gel exerts several actions which may explain this benefit in scars: It increases hydration of stratum corneum and thereby facilitates regulation of fibroblast production and reduction in collagen production. It results into softer and flatter scar. It allows skin to "breathe". It protects the scarred tissue from bacterial invasion and prevents bacteria-induced excessive collagen production in the scar tissue. In this case, there is no documentation that the injured worker suffers from severe surgical scarring that would benefit from the use of silicone patches. The request for Silicone patches, 1 box is determined to not be medically necessary.

### **Physical therapy two per week for six weeks (2x6):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Elbow & Upper Arm.

**Decision rationale:** The post surgical period is 6 months, and the recommended postsurgical physical therapy recommendations are 12 visits over 12 weeks. The injured worker remains in the post-operative period but has already been approved for 12 sessions of postoperative physical therapy. There is not medical documentation to support physical therapy beyond the recommendations from the guidelines. Therapist guided physical therapy should include instructions on a home exercise plan, and as the patient reaches the end of their therapy sessions they are prepared to continue with a home exercise plan. The request for physical therapy two per week for six weeks (2x6) is determined to not be medically necessary.