

<b>Case Number:</b>	CM15-0198154		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	05/27/2014
<b>Decision Date:</b>	12/17/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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: 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 43 year old female, who sustained an industrial injury on 5-27-2014. The injured worker is being treated for rule out right shoulder internal derangement, right elbow sprain-strain, rule out right elbow internal derangement, and depression. Treatment to date has included diagnostics, physical therapy, pain medications, extracorporeal shockwave therapy (ESWT) on 8-21-2015 and acupuncture. Per the Primary Treating Physician's Progress Report dated 8-11-2015 the injured worker reported intermittent moderate right shoulder pain and intermittent moderate right elbow pain. She also reports depression. Objective findings included tenderness to palpation of the lateral shoulder and posterior shoulder. There was tenderness to palpation of the olecranon process. Work status was remain off work until 9-25-2015. The plan of care included continuation of shockwave therapy for the right elbow and shoulder.

Authorization was requested for electrodes (8 pairs a month x 12 months), lead wires, adaptor, installation and Solace multistim unit and 5 month rental concerts to purchase. On 9-11-2015, Utilization Review non-certified the request for electrodes (8 pairs a month x 12 months), lead wires, adaptor, installation and Solace multistim unit and 5 month rental concerts to purchase.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Solace multi-stimulation unit with installation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** Per the CA MTUS guidelines, Solace Stimulation Unit is a form of microcurrent electrical stimulation (MENS devices). It is "not recommended. Based on the available evidence conclusions cannot be made concerning the effect of Microcurrent Stimulation Devices (MENS) on pain management and objective health outcomes." Solace Stimulation Unit provides conventional TENS therapy, interferential therapy and neuromuscular stimulation. A treatment plan that includes the specific short and long term goals of treatment with this unit cannot be located in the submitted Medical Records. Neuromuscular stimulation is recommended for post-stroke rehabilitation. Review of the submitted medical records do not provide clear rationale to support the appropriateness of this request in this injured worker. As this form of transcutaneous electrotherapy is not recommended and there is lack of evidence concerning pain relief from this device, the requested treatment of a Solace Stimulation unit is not medically necessary and appropriate.

**Associated services: Electrodes, 8 pairs per month for 12 months for the multi stimulation unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Associated services: Two (2) lead wires and adaptor for the multi stimulation unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Magnetic resonance imaging (MRI) of the right elbow:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow - MRI's (magnetic resonance imaging).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter-- Magnetic resonance imaging.

**Decision rationale:** Magnetic resonance imaging may provide important diagnostic information for evaluating the adult elbow in many different conditions, including: collateral ligament injury, epicondylitis, injury to the biceps and triceps tendons, abnormality of the ulnar, radial, or median nerve, and for masses about the elbow joint. There is a lack of studies showing the sensitivity and specificity of MR in many of these entities; most of the studies demonstrate MR findings in patients either known or highly likely to have a specific condition. Magnetic resonance may be useful for confirmation of the diagnosis in refractory cases and to exclude associated tendon and ligament tear. Review of submitted Records indicates that injured worker is diagnosed with a cervical sprain, right shoulder sprain, right elbow strain and a right hand and wrist sprain. As per progress notes in the Medical Records, the injured worker does not appear to have significant changes in symptoms and signs. The records are not clear about neurological findings, and there are no red flags. There is no documentation of failed conservative measures and no reports of prior imaging, if any can be located within the submitted medical records. Without such evidence, and based on guidelines cited, the request for MRI of the right elbow is not medically necessary and appropriate.