

Case Number:	CM15-0035235		
Date Assigned:	03/18/2015	Date of Injury:	04/13/2013
Decision Date:	05/08/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/25/2015

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: New York
 Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 female, who sustained an industrial injury on 4/13/13. The injured worker was diagnosed as having cervical spine degenerative disc disease, left shoulder effusion and bursitis, left elbow cyst, left hand sprain/strain and insomnia. Treatment to date has included activity restrictions, oral medications, topical medications and physical therapy. Currently, the injured worker complains of cervical spine pain, left shoulder, elbow and hand pain. The injured worker states the left shoulder pain is improving. Physical exam noted tenderness to palpation of cervical spine and left shoulder. The treatment plan consisted of request for physical therapy, topical creams, (EMG) Electromyogram studies, left elbow support, oral medications including Mobic, pain management consult, psych consult and ECSWT of left elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown ECSWT left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 29.

Decision rationale: The patient is a 38 year old female who had an injury on 04/13/2013. She has left shoulder pain, neck pain and left lateral elbow pain (epicondylitis). She has been treated with physical therapy, activity modification and medication. On 01/08/2015, she had headache, neck pain, left lateral elbow pain, wrist sprain/strain, shoulder pain, stress and depression. On 01/14/2015, she had left shoulder impingement. MTUS, ACOEM notes that for lateral epicondylitis (lateral elbow pain), the requested ECSWT is not recommended. There was no clinically significant difference between the patients treated with SCSWT and placebo.

1 Physical Performance - FCE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Functional Capacity Evaluation.

Decision rationale: The patient is a 38 year old female who had an injury on 04/13/2013. She has left shoulder pain, neck pain and left lateral elbow pain (epicondylitis). She has been treated with physical therapy, activity modification and medication. On 01/08/2015, she had headache, neck pain, left lateral elbow pain, wrist sprain/strain, shoulder pain, stress and depression. On 01/14/2015, she had left shoulder impingement. ODG notes that a FCE is used prior to a specific work hardening program to return to a specific job. The work hardening program should be scheduled (if needed) when the patient is at MMI (maximal medical improvement). She is not at MMI. Also, FCE is not part of the routine evaluation for work injuries. The requested FCE is not medically necessary.

1 prescription of Compound NPCI-Gabapentin 10%/Amitriptyline 10%/Bupivacaine 5% in cream base 210 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111 - 113.

Decision rationale: The patient is a 38 year old female who had an injury on 04/13/2013. She has left shoulder pain, neck pain and left lateral elbow pain (epicondylitis). She has been treated with physical therapy, activity modification and medication. On 01/08/2015, she had headache, neck pain, left lateral elbow pain, wrist sprain/strain, shoulder pain, stress and depression. On 01/14/2015, she had left shoulder impingement. MTUS, Chronic Pain guideline note that for compound topical analgesics, if one of the active ingredient components are not recommended, then the entire compound medication is not recommended. Gabapentin is not recommended; thus the requested compound topical analgesic is not necessary.