MAXIMUS Federal Services

Case Number:	CM15-0049345		
Date Assigned:	03/23/2015	Date of Injury:	10/27/2010
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/16/2015

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: Physical Medicine & Rehabilitation

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 a work related injury on October 27, 2010, incurring an injury to her right elbow and right shoulder as a result of heavy lifting. Treatment included acupuncture sessions and physiotherapy. She was diagnosed with right epicondylitis and adhesive capsulitis to the shoulder. Treatment included physical therapy, pain medications and elbow surgery. Currently, the injured worker complained of persistent pain in the right elbow and right shoulder. Magnetic Resonance Imaging (MRI) revealed chronic lateral epicondylitis and soft tissue edema. The treatment plan that was requested for authorization included a Surgical-stimulator unit for 90 days, Cool-care cold therapy unit and a right elbow night brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgi-Stim unit for 90 days: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: The patient presents with right elbow pain, rated 10/10. The request is for Surgi-Stim unit for 90 days. Patient is status post right elbow surgery 07/23/12. MRI of the right elbow dated 11/04/14 showed there are changes of lateral epicondylitis with diffuse thickening of the proximal common extensor tendon and peritendinous soft tissue edema. Per 01/16/15 progress report, patient's diagnosis included chronic right lateral epicondylitis, status post lifting type injury at work, October 27, 2010; with MRI scan confirmed lateral epicondylitis, November 10, 2014. Patient is not working. Surgi-Stim is a multi-modality interferential stimulator. MTUS pages 118 to 120 states that Interferential Current Stimulation (ICS) are not recommended as an isolated intervention. MTUS further states, "While not recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway." It may be appropriate if pain is not effectively controlled due to diminished effectiveness or side effects of medication, history of substance abuse, significant pain due to postoperative conditions; or the patient is unresponsive to conservative measures. A one-month trial may be appropriate if the above criteria is met. The progress reports provided were hand written and not legible. The treater has not discussed this request. It appears that the treater is requesting the Surgi-Stim unit for patient's chronic pain. However, in review of the medical records provided, there were no discussions regarding the failure of other conservative methods such as medications or physical therapy to produce results. Furthermore, the request is for 90 days and MTUS recommends a 30-day trial period. The request is not in line with guideline recommendations and therefore, it is not medically necessary.

Coolcare cold therapy unit: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow (Acute & Chronic) chapter, under Splinting.

Decision rationale: The patient presents with right elbow pain, rated 10/10. The request is for Coolcare cold therapy unit. Patient is status post right elbow surgery 07/23/12. MRI of the right elbow dated 11/04/14 showed there are changes of lateral epicondylitis with diffuse thickening of the proximal common extensor tendon and peritendinous soft tissue edema. Per 01/16/15 progress report, patient's diagnosis included chronic right lateral epicondylitis, status post lifting type injury at work, October 27, 2010; with MRI scan confirmed lateral epicondylitis, November 10, 2014. Patient is not working. ODG Guidelines, Elbow (Acute & Chronic) chapter, under Splinting states the following: "Recommended for cubital tunnel syndrome (ulnar nerve entrapment), including a splint or foam elbow pad worn at night (to limit movement and reduce irritation), and/or an elbow pad (to protect against chronic irritation from hard surfaces). (Apfel, 2006) (Hong, 1996) Under study for epicondylitis. No definitive conclusions can be drawn concerning effectiveness of standard braces or splints for lateral epicondylitis. (Borkholder, 2004) (Derebery, 2005) (Van De Streek, 2004) (Jensen, 2001) (Struijs, 2001) (Jansen, 1997) If

used, bracing or splitting is recommended only as short-term initial treatment for lateral epicondylitis in combination with physical therapy. (Struijs, 2004) (Struijs, 2006)" The progress reports provided were hand written and not legible. The treater does not discuss this request. It would appear that the patient struggling with epicondylitis for which a nighttime bracing has been prescribed. ODG does not support bracing for epicondylitis, stating more studies are needed. If it is to be used, the recommendation is for short-term use only during therapy. The request is not medically necessary.

Right elbow night brace: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow (Acute & Chronic) chapter, under Splinting.

Decision rationale: The patient presents with right elbow pain, rated 10/10. The request is for right elbow night brace. Patient is status post right elbow surgery 07/23/12. MRI of the right elbow dated 11/04/14 showed there are changes of lateral epicondylitis with diffuse thickening of the proximal common extensor tendon and peritendinous soft tissue edema. Per 01/16/15 progress report, patient's diagnosis included chronic right lateral epicondylitis, status post lifting type injury at work, October 27, 2010; with MRI scan confirmed lateral epicondylitis, November 10, 2014. Patient is not working. ODG Guidelines, Elbow (Acute & Chronic) chapter, under Splinting states the following: "Recommended for cubital tunnel syndrome (ulnar nerve entrapment), including a splint or foam elbow pad worn at night (to limit movement and reduce irritation), and/or an elbow pad (to protect against chronic irritation from hard surfaces). (Apfel, 2006) (Hong, 1996) Under study for epicondylitis. No definitive conclusions can be drawn concerning effectiveness of standard braces or splints for lateral epicondylitis. (Borkholder, 2004) (Derebery, 2005) (Van De Streek, 2004) (Jensen, 2001) (Struijs, 2001) (Jansen, 1997) If used, bracing or splitting is recommended only as short-term initial treatment for lateral epicondylitis in combination with physical therapy. (Struijs, 2004) (Struijs, 2006) Some positive results have been seen with the development of a new dynamic extensor brace but more trials need to be conducted. Initial results show significant pain reduction, improved functionality of the arm, and improvement in pain-free grip strength. The beneficial effects of the dynamic extensor brace observed after 12 weeks were significantly different from the treatment group that received no brace. The beneficial effects were sustained for another 12 weeks. (Faes, 2006) (Faes2, 2006) Static progressive splinting can help gain additional motion when standard exercises seem stagnant or inadequate, particularly after the original injury. Operative treatment of stiffness was avoided in most patients. (Doornberg, 2006) These results differ from studies testing standard bracing which showed little to no effect on pain." The progress reports provided were hand written and not legible. The treater does not discuss this request. Patient is status post right elbow surgery, complains of chronic right elbow pain and is diagnosed with chronic right lateral epicondylitis. Given the patient's condition, the request for a Right elbow night brace appears reasonable and therefore, is medically necessary.