

Case Number:	CM14-0120095		
Date Assigned:	09/16/2014	Date of Injury:	07/18/2013
Decision Date:	11/14/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/30/2014

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. The expert reviewer is Board Certified in Anesthesia, has a subspecialty in Acupuncture & Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

53-years old male injured worker was with date of injury 7/18/13 with related right elbow pain. Per progress report dated 6/12/14, he continued to have modest pain involving the right elbow with associated stiffness. He had not yet had any postoperative therapy. He was status post right elbow excision of extensor carpi radialis brevis tendon 3/7/14. Per physical exam, decreased range of motion of the right elbow was noted, there was no soft tissue swelling present, there was tenderness directly over the common extensor origin. Treatment to date has included surgery, and medication management. The date of UR decision was 7/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuromuscular stimulator x3 months, electrodes each month, conductive garment purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chronic Pain Treatment Guidelines Page(s): 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116, 120. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Electrical Stimulation

Decision rationale: Per ODG guidelines with regard to electrical stimulation for the elbow: Not recommended. Despite the large number of studies, there is still insufficient evidence for most physiotherapy interventions for lateral epicondylitis due to contradicting results, insufficient power, and the low number of studies per intervention. (Smidt, 2003) (Bouter, 2000) In general, it would not be advisable to use these modalities beyond 2-3 visits if signs of objective progress towards functional restoration are not demonstrated. As the request is not recommended by the guidelines, the request is not medically necessary.