

Case Number:	CM14-0135817		
Date Assigned:	08/29/2014	Date of Injury:	12/11/2012
Decision Date:	09/29/2014	UR Denial Date:	08/02/2014
Priority:	Standard	Application Received:	08/22/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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:

The injured worker is a 41 year old male. His date of injury was on 12/11/2012. He fell off a ladder landing on the left side of his body. He had multiple complaints and was admitted to the hospital. He underwent surgery on 12/14/14. He had continued complaints of neck, back and stomach pain as well as headaches. He remained off of work and his symptoms persisted. During a clinical exam on 7/23/14, he had multiple complaints regarding the neck, back, headaches etc. There are clinical findings related to his elbow, including the tests for lateral epicondylitis. He has tenderness to palpation over his elbow and decreased range of motion. He also has a positive Cozens, Mills and Tinel's test. The other numerous clinical exam findings are unrelated to this request and not recorded.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Elbow Revision Surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 2; 15; 34-35.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 17.

Decision rationale: There are no radiographs to report radial head migration. There are also no radiographs to report that the implant is loose. The diagnosis is reported as lateral epicondylitis. However, there are no clinical exam findings supporting the diagnosis which includes pain with resisted wrist extension. This diagnosis is amenable to conservative measures including physical therapy, wearing a brace/splint and activity modification. There is a Tinel's sign which also could point towards a cubital tunnel syndrome. There are no clinical and radiographic findings to support the surgery. Therefore, the request for left elbow revision surgery is not medically necessary.

1 Urine Drug Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 76.

Decision rationale: Urine drug screens are recommended for injured workers in chronic pain management, in injured workers that are having a trial of long term opioid treatment for chronic non- cancer pain, or for injured workers with continuation of long term opioid treatment for which non cancer pain is being considered. This is not documented in this injured worker. Therefore, the request for a urine drug screen is not medically necessary.

1 Functional Capacity Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Functional Capacity Evaluations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FUNCTIONAL IMPROVEMENT MEASURES Page(s): 48. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) FITNESS FOR DUTY, FUNCTIONAL CAPACITY EVALUATION (FCE).

Decision rationale: The injured worker is on temporary total disability through 8/29/14. There is no evidence a work hardening program was followed. A functional capacity evaluation is more successful if a job description is provided that indicates a directed program is followed with goals and the injured worker has completed a work hardening program. The functional capacity evaluation should be completed after a directed program after conservative treatment is completed or when recovery from an injury with specific work disabilities is identified.

Interferential Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 14.

Decision rationale: The guidelines state these units are not used in isolated intervention. They are appropriate if pain is not well controlled with oral medication or if there are side effects of the medication or history of substance abuse. In addition, this is also recommended if conservative measures fail. This has not been documented in this case. There are multiple confounding variables in this injured worker and the need for an interferential unit has not been established.

1 Hot and Cold Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Shoulder (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) KNEE, CONTINUOUS FLOW CRYOTHERAPY.

Decision rationale: This unit integrates cold/heat and compression therapies in a treatment system. There are no guidelines regarding hot/cold units after radial head revision surgery. It is prescribed by physicians after knee surgery, particularly anterior cruciate ligament reconstruction. There are no high level evidence studies supporting this request. There is no evidence there are improved outcomes. In addition, the request is for two weeks, which is more than the recommended time per Official Disability Guideline criteria. Therefore, the request is not medically necessary.

12 sessions of Physical Therapy including Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), ELBOW, ELBOW FRACTURE.

Decision rationale: The injured worker is almost two years post surgery. The physical therapy for the original surgery notes are not provided, but at two years after having surgery with multiple unproven diagnoses including lateral epicondylitis and radial head migration, there is not clinical and radiographic evidence of indication for surgery. Therefore, the 12 sessions of physical therapy including an evaluation is not medically necessary.

Terocin Patches (Menthol 4%/Lidocaine 4%): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Lidocaine, topical.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN, TOPICAL ANALGESICS.

Decision rationale: Terocin patches are topical agents in combination or monotherapy for pain control. There is no research to support its use. There are multiple confounding variables. There are no significant clinical notes to support the need for topical medication in this injured worker when others have failed. Therefore, the request for Terocin patches are not medically necessary.