MAXIMUS Federal Services

| Case Number: | CM14-0143203 | | |
|---|---|---|---|
| Date Assigned: | 09/10/2014 | Date of Injury: | 06/15/2012 |
| Decision Date: | 10/10/2014 | UR Denial Date: | 08/06/2014 |
| Priority: | Standard | Application Received: | 09/04/2014 |

## 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 30-year-old female with date of injury of 06/15/2012. The listed diagnoses per [redacted] dated 08/20/2014 are: 1. Right upper extremity pain, 2. Right lateral epicondylitis, 3. Status post epicondyle debridement from 06/19/2013, 4. History of right ulnar mononeuropathy, 5. History of right dorsal ganglion cyst of the wrist. According to this report, the patient complains of upper extremity pain. The patient notes that when she does very simple activities such as taking her laundry out to the car, she notes severe pain and swelling of her right lateral epicondyle the next day. She notices more numbness and tingling to the 4th and 5th digits which is now more frequent. She was denied the Hybresis which could have potentially decreased the local swelling over the lateral epicondyle. The patient utilizes Cymbalta and Voltaren gel as needed. The physical exam show the patient is alert and cooperative. Mild swelling and tenderness was noted around the surgical scar with decrease sensation of the skin at the scar site. Positive Tinel's at the elbow. Pain with resisted wrist and finger extension and flexion approximately 4+/5. The treater references an MRI from 03/19/2014 that showed post-surgical changes at the region of the common extensor tendon. No definite tendon tears at this time. The utilization review denied the request on 08/06/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Hybresis x 6 visits:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 235. Decision based on Non-MTUS Citation Official Disability Guidelines; Elbow Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Iontophoresis

**Decision rationale:** This patient presents with upper extremity pain. The treater is requesting Hybresis x6 visits. The MTUS and ACOEM Guidelines do not address this request. However ODG Guidelines on iontophoresis for the elbow states that it is recommended as a conservative option if there is evidence of objective functional improvement after trial use. Review of the reports do not show that this patient has had this treatment before. Given the patient's diagnosis of epicondylitis, the requested treatment appear reasonable and consistent with ODG. Recommendation is for authorization.