

Case Number:	CM14-0144922		
Date Assigned:	09/12/2014	Date of Injury:	03/14/2012
Decision Date:	10/14/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/08/2014

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 Occupational 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:

The patient is a 38-year-old male who has submitted a claim for right shoulder periscapular strain, bilateral elbow lateral and medial epicondylitis, and bilateral forearm flexor/extensor tenosynovitis, associated with an industrial injury date of March 14, 2012. Medical records from 2014 were reviewed. The patient complained of moderate pain described as sharp, dull, sharp burning and tingling in the bilateral elbows, forearms, and hands. Physical examination was not provided. The diagnoses were right shoulder periscapular strain, bilateral elbow lateral and medial epicondylitis, and bilateral forearm flexor/extensor tenosynovitis. Treatment to date has included oral analgesics, chiropractic therapy, physical therapy, acupuncture, and bracing. Utilization review from August 19, 2014 denied the request for DX ultrasound (B) elbows and (B) wrists because there was no documentation of any concern for tendon tear, bursitis, or nerve entrapment. The request for (R) shoulder upper trap myofascial trigger point injection under ultrasound guidance was denied because there was no documentation of shoulder symptoms or failure of conservative treatment to control pain. The request for DME: Home Interferential Stimulator Unit Rental (x2 months) was also denied. A one month trial is considered if guideline criteria are met, and continued use needs to be supported by documentation of duration and frequency of use with objective evidence of analgesia and functional improvement. Lastly, the request for supplies: electrodes, power pack, adhesive remover towel mint, leadwire (x2 months) was also denied. However, the reason(s) for denial was not available.

IMR ISSUES, DECISIONS AND RATIONALES

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

DX ultrasound bilateral (B) elbows and bilateral (B) wrists: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 609. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Section, Ultrasound, diagnostic; Forearm, Wrist, & Hand, Ultrasound (diagnostic)

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines was used instead. According to ODG, ultrasound (US) has been shown to be helpful for diagnosis of complete and partial tears of the distal biceps tendon. Ultrasound of the common extensor tendon had high sensitivity but low specificity in the detection of symptomatic lateral epicondylitis. Indications for ultrasound imaging include non-diagnostic plain films of chronic elbow pain with suspect nerve entrapment or mass, and/or biceps tendon tear and/or bursitis. With regards to ultrasound of the wrists, ODG states that ultrasonography is accurate in detecting tendon injuries and easily visualizes the ulnar nerve. In this case, there was no mention of suspected nerve entrapment/mass or biceps tendon tear or bursitis. Physical examination of the upper extremity was also not provided. The medical necessity cannot be established due to lack of information. Therefore, the request for DX ultrasound bilateral (B) elbows and bilateral (B) wrists is not medically necessary.

Right shoulder upper trap myofascial trigger point injection under ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) http://www.odg-twc.com/odgtwc/low_back.htm

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: According to page 122 of the CA MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are recommended only for myofascial pain syndrome. Criteria for the use of trigger point injections include: documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms have persisted for more than three months; medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; and radiculopathy is not present (by exam, imaging, or neuro-testing). In this case, there was no documentation of right shoulder complaints. Physical examination was also not provided. The medical necessity cannot be established due to lack of information. Therefore, the request for Right shoulder upper trap myofascial trigger point injection under ultrasound guidance is not medically necessary.

DME: Home Interferential Stimulator Unit Rental (x2 months): Upheld

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

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

Decision rationale: As stated on pages 118-120 of the California MTUS Chronic Pain Medical Treatment Guidelines, interferential current stimulation (ICS) is not recommended as an isolated intervention but is an adjunct for recommended treatments including return to work, exercise, and medications. A one-month trial should be done given that the patient's pain is ineffectively controlled by medications, or unresponsive to conservative measures. In this case, the patient complained of pain in the bilateral elbows, forearms, and hands. However, physical examination was not provided to support subjective complaints. Furthermore, there was no evidence of concurrent exercise program to meet guideline recommendation. ICS is not supported as a solitary mode of treatment modality. Moreover, the body part to be treated was not specified. Therefore, the request for DME: Home Interferential Stimulator Unit Rental (x2 months) is not medically necessary.

DME: Supplies, electrodes, power pack, adhesive remover towel mint, leadwire (x2 months): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure (DME: Home Interferential Stimulator Unit Rental (x2 months)) is not medically necessary, none of the associated services are medically necessary.