

Case Number:	CM14-0146515		
Date Assigned:	09/12/2014	Date of Injury:	05/26/2014
Decision Date:	10/15/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/09/2014

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 & Rehabilitation 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 54 year old male who was injured on May 26th 2014. The mechanism of injury is unknown. Medication history included Norco, naproxen and menthoderm. Conservative treatment history included physiotherapy and chiropractic care (outcome unknown). Progress report dated 8/12/2014 indicates the patient is complaining of bilateral knee and elbow pain. Objective findings during examination revealed range of motion of bilateral knee showed flexion 135 degrees, extension 0 degree; range of motion of bilateral elbow flexion is 70 degrees; extension 0 degree, pronation 70 degrees and supination 70degrees. There is tenderness to palpation bilateral elbows. The patient is diagnosed with bilateral knee arthralgia and bilateral elbow arthralgia. Prior utilization review dated August 11th 2014 by [REDACTED] indicates the requests for MRI bilateral elbows, TENS (Transcutaneous Electrical stimulator) Unit and request for forearm splint are denied as the medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Bilateral Elbows: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-34. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow, MRI's

Decision rationale: Guidelines state that elbow MRI is recommended for collateral ligament injury, epicondylitis, injury to biceps and triceps, abnormality of ulnar, radian, or median nerve, and mass in elbow. It is usually not necessary for epicondylitis except in refractory cases and to exclude tendon and ligament tear. The medical record does not document diagnosis/condition with supportive subjective/objective findings for elbow MRI. The medical necessity is not established.

TENS (Transcutaneous Electrical stimulator) Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-117.

Decision rationale: The chronic pain guidelines state multiple criteria for the use of TENS in chronic pain management. One of these criteria addresses; "A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial". The medical record does not document one month trial, its outcome, or the ongoing treatment modalities within a functional restoration approach that the TENS is used as an adjunct to. The medical necessity is not established.

Forearm Splint: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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 Official Disability Guidelines (ODG) Forearm, Wrist and Hand, Splints

Decision rationale: Guidelines state that splinting is recommended for cubital tunnel syndrome. There is not documentation of cubital tunnel syndrome. The medical necessity is not established.