

Case Number:	CM14-0149902		
Date Assigned:	09/18/2014	Date of Injury:	09/17/2008
Decision Date:	10/17/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/15/2014

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 Family Practice, has a subspecialty in Addiction Medicine and is licensed to practice in Ohio. 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 53-year-old female who developed right elbow pain in April 2008 after striking the elbow on an IV pole. Subsequently, she developed left elbow pain five months later without apparent injury. She has had persistent tenderness of the lateral and medial at the condyle regions of the left elbow and has been diagnosed with lateral and medial epicondylitis. She has received numerous cortisone injections over the years with only temporary relief. She is unable to take oral anti-inflammatories because of allergic reaction has been using a topical nonsteroidal anti-inflammatory gel. There is reference in the chart of previous physical therapy however there exists only one note from physical therapy, that being from 12-2-2013. There is a letter enclosed from the injured worker which states that physical therapy was helpful but is unclear how many physical therapy sessions she has had, when she had them, and what the outcome may have been. The injured worker is currently considering surgery to relieve her epicondylitis pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand therapy (left elbow) 2X4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment for Worker's Compensation, Elbow Procedure Summary last updated 5/15/14

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow, Physical Therapy

Decision rationale: The ODG allows for physical therapy with regard to medial and lateral epicondylitis. Generally, up to three visits are allowed contingent on objective improvement documentation. Further visits are allowed up to six dependent upon further objectified long-term resolution of symptoms. Specifically, the guidelines allow for eight visits over five weeks for lateral and medial epicondylitis. Unfortunately, the records provided are insufficient and it is presumed that the injured worker has completed a trial period of physical therapy previously. That physical therapy likely occurred prior to December 2013 which is when the first available records for review were available. Evidentially, that physical therapy failed to bring about long-term resolution of symptoms. Therefore, hands therapy (left elbow) 2X4, is not medically necessary based on the above guidelines.

Voltaren gel 1% with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): 112..

Decision rationale: These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Topical anti-inflammatories such as Voltaren gel are indicated for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). In this instance, Voltaren gel has been used for longer than 12 weeks. Therefore, Voltaren gel 1% with 3 refills is not medically necessary under the above guidelines.