

Case Number:	CM15-0013411		
Date Assigned:	02/02/2015	Date of Injury:	03/04/2013
Decision Date:	03/26/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/23/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 45 year old man sustained an industrial injury on 3/4/2013. The mechanism of injury is not detailed. Current diagnoses include cervical herniated nucleus pulposus, right elbow lateral epicondylitis, thoracic sprain/strain, and lumbar sprain/strain. Evaluations include cervical spine MRI and lumbar spine MRI. Treatment has included oral medications, physical therapy, chiropractic therapy, trigger point injections, 12 physiotherapy sessions, and lumbar epidural steroid injection. Physician notes from the pain specialist dated 1/6/2015 show complaints of low back pain that radiates down the lower extremities. Recommendations include trigger point injections, corticosteroid injection, EMG, medication refills, self-directed physiotherapy to the cervical spine, home ultrasound unit to be used on the right elbow and lumbar spine, batteries and electrode pads for the ultrasound machine, upper extremity rehabilitation kit, and follow up with orthopedics. On 1/19/2015, Utilization Review evaluated prescriptions for home ultrasound unit purchase with ten electrodes and ten batteries, and home elbow exercise kit, that were submitted on 1/23/2015. The UR physician noted the effectiveness of ultrasound for treating pain, musculoskeletal injuries, and soft tissue lesions remains questionable. Regarding the exercise kit, the worker has been taught appropriate home exercises by a therapist. The MTUS, ACOEM Guidelines (or ODG) was cited. The requests were denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Ultrasound Unit Purchase, 10 Electrodes, 10 Batteries: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines elbow chapter on Ultrasound

Decision rationale: This patient presents with right elbow, cervical spine, and lumbar spine pain. The patient is status post LESI from 11/24/2014 and status post extensor tendon release of the right elbow, date unknown. The treater is requesting HOME ULTRASOUND UNIT PURCHASE, 10 ELECTRODES, 10 BATTERIES. The RFA dated 01/08/2015 shows a request for an ultrasound unit. The patient's date of injury is 03/04/2013 and he remains off work. The MTUS and ACOEM guidelines do not address this request. However, the ODG Guidelines under the elbow chapter on Ultrasound states, Recommended as a conservative option if there is evidence of objective functional improvement after trial use. Three trials compare ultrasound treatment to controls for epicondylitis. The 01/06/2015 report shows tenderness on the lateral aspect of the right elbow and extensor tendon. In this same report, the treater notes that the patient has used ultrasound during physical therapy. It has shown to be effective in increasing the patient's functional abilities. In this case, the treater has reported benefit while utilizing this modality and the ODG Guidelines supports its use. The request IS medically necessary.

Home Elbow Exercise Kit: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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 Elbow chapter, Exercise

Decision rationale: This patient presents with right elbow, cervical spine, and lumbar spine pain. The patient is status post LESI from 11/24/2014 and status post extensor tendon release of the right elbow, date unknown. The treater is requesting HOME ELBOW EXERCISE KIT. The RFA dated 01/08/2015 shows a request for an elbow exercise kit. The patient's date of injury is 03/04/2013 and he remains off work. The MTUS and ACOEM Guidelines do not address this request. However, ODG Guidelines under the elbow chapter on exercise states, Recommended. Lateral epicondylitis and other disorders of the elbow can be treated conservatively with activity modification and exercise, including gentle muscle stretching, range-of-motion exercises, flexibility and graduated strengthening. The 01/06/2015 report shows that the treater is requesting an upper extremity rehab kit to aid in the patient's self-directed home exercise program. There is no discussion as to what is included in this kit. In this case, while the guidelines do not address exercise kits for the elbow, ODG does support exercise and the requested kit is reasonable to

assist the patient in maintaining a self-directed home exercise program. The request IS medically necessary.