

<b>Case Number:</b>	CM15-0017685		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	05/06/2011
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 56 year old female who sustained a work related injury May 6, 2011. According to treating physician's progress noted dated October 20, 2014, the injured worker presented with bilateral elbow and wrist pain, rated 2/10 with medication and 7/10 without medication. Physical examination: elbow- positive Tinel's; wrist- both wrist joints reveal surgical scars, range of motion is restricted with palmerflexion limited to 45 degrees, dorsiflexion limited to 45 degrees, ulnar deviation limited to 10 degrees and radial deviation limited to 10 degrees. Phalen's and Tinel's sign are negative. Tenderness to palpation is noted over dorsal wrist noted with flexion of wrists. Diagnoses are carpal tunnel syndrome and mood disorder. Treatment plan included ongoing anti-inflammatory medications, trial of a TENS unit, ongoing elbow splints. And requests for authorization was made for the services listed in utilization review documented below. According to utilization review dated January 20, 2015, the request for Bilateral Cradles Elbow and Heel Protector, Left Elbow is non-certified, citing ODG (Official Disability Guidelines). The request for Initial Iontophoresis therapy, body part(s) unspecified is non-certified, citing ODG (Official Disability Guidelines). The request for a referral to a psychologist for functional restoration program evaluation is non-certified, citing, MTUS ACOEM Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral cradles elbow and heel protection, left elbow: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Cubital tunnel syndrome (Ulnar nerve entrapment)

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

**Decision rationale:** Pursuant to the Official Disability Guidelines, bilateral cradles elbow and heel protection, left elbow are not medically necessary. Immobilization treatment is not recommended as a primary treatment. Immobilization and rest appear to be over used as treatment. Early mobilization benefits include early return to work, decreased pain, swelling and stiffness; and greater preserved range of motion with no increase complications. Splinting (padding) is recommended for cubital tunnel syndrome (older nerve entrapment) including the splint or foam elbow pads worn at night and or and elbow pad to protect against chronic irritation from hard surfaces. Splinting is understudy for epicondylitis. If used, bracing or splinting is recommended only if the short-term treatment for lateral epicondylitis in combination with physical therapy. In this case, the injured worker's working diagnoses are carpal tunnel syndrome; and mood disorder. The QME from July 18, 2014 was reviewed and, in summary, states; should be ongoing anti-inflammatory medications, short-acting medications, topical medications and anti-inflammatory preparations as well as ongoing medications including gabapentin, Lyrica, nortriptyline and Wellbutrin; trial use of TENS unit; ongoing elbow splints; should be provision for her to undergo bilateral transposition surgeries if she so decides; and not a candidate for bilateral carpal tunnel syndrome. The documentation states the injured worker failed multiple braces. The documentation is unclear as to the specific indication for this brace. Immobilization is not recommended as a primary treatment. Consequently, absent clinical documentation with a specific clinical indication for the bilateral cradles elbow and feel protection, bilateral cradles elbow anthill protection, left elbow are not medically necessary.

**Initial iontophoresis therapy, frequency and duration unspecified, body part(s) unspecified: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** Pursuant to the Official Disability Guidelines, initial iontophoresis therapy-frequency and duration unspecified; and body part unspecified is not medically necessary. Iontophoresis is recommended as a conservative option if there is evidence of objective functional improvement after trial use. It was well tolerated by most patients and effective in reducing symptoms of epicondylitis at short-term follow-up. Some group health insurers have concluded that iontophoresis for treatment of inflammatory musculoskeletal disorders is

experimental and investigational because of insufficient evidence of its effectiveness. In this case, the injured worker's working diagnoses or carpal tunnel syndrome; and mood disorder. Documentation does not state to what body part iontophoresis is to be applied. There is no clinical indication of the rationale documented in the medical record by the treating physician. There is limited evidence iontophoresis is effective in reducing symptoms of epicondylitis. The injured worker does not have epicondylitis. The injured worker is being treated for carpal tunnel syndrome and mood disorder. Consequently, absent clinical documentation with a clear clinical indication and rationale for iontophoresis including the regions/body part to be treated, initial iontophoresis therapy-frequency and duration unspecified; and body part unspecified is not medically necessary.

**Referral to a psychologist for functional restoration program evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Specialist Consults page 127

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restorative guidelines Page(s): 49. Decision based on Non-MTUS Citation Pain section, Functional restoration program

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, referral to a psychologist for a functional restoration program is not medically necessary. A functional restoration program (FRP) is recommended when there is access to programs with proven successful outcomes (decreased pain and medication use, improve function and return to work, decreased utilization of the healthcare system. The criteria for general use of multidisciplinary pain management programs include, but are not limited to, the injured worker has a chronic pain syndrome; there is evidence of continued use of prescription pain medications; previous methods of treating chronic pain have been unsuccessful; and adequate thorough multidisciplinary evaluation has been made; once an evaluation is completed a treatment plan should be presented with specifics for treatment of identified problems and outcomes that will be followed; there should be documentation the patient has motivation to change is willing to change the medication regimen; this should be some documentation the patient is aware that successful treatment may change compensation and/or other secondary gains; if a program is planned for a patient that has been continuously disabled from work more than 24 months, the outcomes for necessity of use should be clearly identified as there is conflicting evidence that chronic pain programs provide return to work beyond this period; total treatment should not exceed four weeks (24 days or 160 hours) or the equivalent in part based sessions. In this case, the injured worker's working diagnoses or carpal tunnel syndrome; and mood disorder. The documentation is unclear as to whether the remaining criteria for general use of a multidisciplinary pain management program (other than a psychologist referral) are fulfilled. The documentation indicates the injured worker is not a candidate for carpal tunnel surgery. There is no explanation as to why the injured worker is not a candidate. A reference in the QME stated there should be a provision for her to undergo bilateral transposition surgeries if she so decides. The documentation, again, does not discuss whether this was an option for the injured worker and the injured worker refused. The documentation does not cover

previous physical therapy and whether it was successful or unsuccessful. There is no documentation of objective functional improvement. There is no documentation the injured worker has a motivation to change and a willingness to change the medication regimen. There is no documentation in the medical record that successful treatment with an FRP may change compensation and other secondary gains. Additionally, the injured worker was disabled. It appears the injured worker has been disabled for greater than 24 months although the documentation is unclear. The treating physician needs to clearly document outcomes for necessity of use because there was conflicting evidence that chronic pain programs provides return to work beyond this point. Once all these criteria are met, a psychological evaluation may be requested. Consequently, absent clinical documentation with the clinical criteria for a functional restoration program, referral to a psychologist for a functional restoration program is not medically necessary.