

Case Number:	CM15-0118228		
Date Assigned:	06/26/2015	Date of Injury:	02/21/2013
Decision Date:	07/27/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/18/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 54 year old male, who sustained an industrial injury on 2/21/2013. He reported being struck on his right shoulder and arm by a pallet, which pushed him down to the floor. Diagnoses have included cervical spine musculoligamentous sprain/strain, multilevel discogenic disease of the cervical spine, bicipital tendonitis right shoulder and medial epicondylitis right elbow. Treatment to date has included physical therapy, steroid injection to the right shoulder, chiropractic treatment and medication. Magnetic resonance imaging (MRI) of the right elbow from 8/7/2013 showed no evidence of osseous or cartilaginous injury and no evidence of ligaments or tendinous injury. According to the orthopedic panel Qualified Medical Evaluation dated 1/8/2015, the injured worker complained of stabbing, aching pain within the back of his neck, right shoulder, arm and elbow with associated numbness and tingling sensations within his right hand. Exam of the neck revealed straightening of the normal, cervical lordotic curvature consistent with a muscle spasm. There was tenderness at the mid cervical spine. Exam of the right shoulder revealed tenderness to palpation. There was tenderness to palpation at the right elbow and pain within the right elbow with resisted dorsiflexion of the right wrist. Authorization was requested for updated magnetic resonance imaging (MRI) of the right elbow and a transcutaneous electrical nerve stimulation (TENS) unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Update MRI (magnetic resonance imaging) Right 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42.

Decision rationale: According to the guidelines and MRI of the elbow is recommended for collateral ligament tears. It is not recommended for epicondylalgia. In this case, the claimant had epicondylitis. Prior MRI and current exam findings were unremarkable. The request for another MRI is not medically necessary.

TENS (transcutaneous electrical nerve stimulation) unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113-115.

Decision rationale: According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. The length of use was not specified. The request for a TENS unit is not medically necessary.