

Case Number:	CM15-0118261		
Date Assigned:	06/26/2015	Date of Injury:	05/15/2014
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 49 year old male, who sustained an industrial injury on 5/15/14. He reported initial complaints of right arm pain. The injured worker was diagnosed as having tendinitis arm-right; myalgia and myositis NOS. Treatment to date has included physical therapy; medications. Diagnostics included x-rays right elbow (5/15/14). Currently, the PR-2 notes dated 4/17/15 indicated the injured worker complains of constant pain in the right lateral elbow that is slight to moderate at rest becoming moderate-to-severe with activities such as gripping and twisting with the right arm and with heavier lifts with the right arm. The provider documents on the initial visit, the injured worker was tender in both epicondyles in the wrist extensor tendons. X-rays are noted to show some degenerative joint disease in the olecranon area. He was referred to physical therapy and given naproxen. The injured worker reported that physical therapy only gave him minimal relief. Overtime, the pain localized to the lateral epicondyle but with resistant treatment he was referred to an orthopedist. He received injections to the lateral epicondyle on 8/20/14 and again on 12/2014. He noted the first injections gave him 2 months of relief. The second did not help his pain much. He has returned to regular duties but he has pain with gripping, twisting at the right arm and heavier lifting. He was laid off from his job in December 2014 and currently looking for another job. X-rays are noted by the provider completed on 5/15/14 of the right elbow. The report notes some degenerative joint disease in the olecranon area. He has formal range of motion testing on this visit and the results note right elbow flexion averaged 103 degrees, right elbow extension is 0 degrees, supination average 74 degrees and pronation averages 70 degrees. Jamar grip testing right grip averaged 21.0 pounds of force and left grip averages 79.1 pounds of force. The treatment plan recommendations

included non-steroidal anti-inflammatory drugs and non-narcotic medications ; provision for tennis elbow support and right wrist brace; provisions for repeat lateral epicondyle injections up to 3-4 over a one year period. The provider has requested authorization of an electric range of motion of the right elbow with pronation/supination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electric ROM of right elbow with pronation/supination: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) On Line Treatment Guidelines for the Elbow.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 40.

Decision rationale: According to the guidelines, there is no specific mention of electric range of motion. However, the claimant had range of motion testing without any significant deficit. In addition, manipulation and soft-tissue mobilization is considered optional. The request for the electric ROM is not medically necessary.