

Case Number:	CM15-0038397		
Date Assigned:	03/09/2015	Date of Injury:	05/12/2014
Decision Date:	04/20/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	03/02/2015

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:

The injured worker is a 43 year old male who sustained a work related injury on May 12, 2014, after lifting a work bag over his shoulder incurred sharp left elbow pain radiating down into the left forearm. Treatments included ice, anti-inflammatory drugs, physical therapy, elbow splint and diagnostic imaging. He was diagnosed with acute medial epicondylitis, acute lateral epicondylitis and left proximal forearm pain. Currently in January, 2015, the injured worker complained of increased left elbow pain. Magnetic Resonance Imaging (MRI) revealed epicondylitis (tennis elbow). On January 29, 2015, a request for a forearm brace with wrap around attachment proximally and distally; and a request for a Transcutaneous Electrical Nerve Stimulation (TENS) Unit, was non-certified by Utilization Review, noting the American College of Occupational and Environmental Medicine Guidelines and Official Disability Guidelines. A request for laboratory studies: Chemistry 8, Complete Blood Count (CBC), and hepatic panel was certified by Utilization Review and a request for laboratory studies for CPK, CRP, Arthritis Panel and Urinalysis was non-certified by Utilization Review, noting California Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Forearm Brace with wrap around attachment proximally and distally: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), elbow splinting.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 20. Decision based on Non-MTUS Citation Official disability guidelines Elbow chapter under splinting.

Decision rationale: This patient has a date of injury of 05/12/14 and presents with increasing pain in the left elbow. The Request for Authorization is dated 01/05/15. The current request is for FOREARM BRACE WITH WRAP AROUND ATTACHMENT PROXIMALLY AND DISTALLY. ACOEM Practice Guidelines, 2nd Edition (Revised 2007), Chapter 10, page 20 states regarding epidondylar pain: "If the treatment response is inadequate, such that symptoms and activity limitations continue, prescribed pharmaceuticals, orthotics, or physical methods can be added. Conservative care often consists of activity modification using epicondylalgia supports (tennis elbow bands), and NSAIDs with standard precautions on potential side effects." ODG guidelines Elbow chapter under splinting: "Recommended for cubital tunnel syndrome (ulnar nerve entrapment), including a splint or foam elbow pad worn at night (to limit movement and reduce irritation), and/or an elbow pad (to protect against chronic irritation from hard surfaces). (Apfel, 2006) (Hong, 1996) Under study for epicondylitis. No definitive conclusions can be drawn concerning effectiveness of standard braces or splints for lateral epicondylitis." MRI of the left elbow from 12/23/14 revealed "suspect slight chondral fraying/irregularity posterior radiocapitellar joint with small radiocapitellar fusion." The patient has a diagnoses of lateral epicondylitis and tennis elbow. In this case, the treating physician is requesting an elbow brace for the management of this patient's elbow pain. ODG guidelines recommend such conservative interventions for chronic elbow pain, and it appears that this is a reasonable medical intervention given this patient's diagnosis. This request IS medically necessary.

TENS (transcutaneous electrical nerve stimulation) unit with supplies: 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), electrical stimulation treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

Decision rationale: This patient has a date of injury of 05/12/14 and presents with increasing pain in the left elbow. The Request for Authorization is dated 01/05/15. The current request is for TENS TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION UNIT AND SUPPLIES. Per MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1 month home-based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple scoliosis. When a TENS unit is indicated, a 30-home trial is recommended and with documentation of functional improvement, additional usage may be

indicated. The treating physician recommends a TENS unit "for the left upper extremity to see if this alleviates his pain and discomfort." In this case, recommendation for a TENS unit cannot be supported as the patient does not meet the criteria for its use. Furthermore, the treating physician has requested a TENS unit without specifying duration. When a TENS unit is indicated, a 30-day home trial is recommended. The requested TENS unit IS NOT medically necessary.

Labs: Chem 8, CBC, CPK, CRP, Hepatic Panel, Arthritis Panel, Urinalysis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines periodic lab monitoring Page(s): 70. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

Decision rationale: This patient has a date of injury of 05/12/14 and presents with increasing pain in the left elbow. The Request for Authorization is dated 01/05/15. The current request is for LABS: CHEM 8, CBC, CPK, CRP, HEPATIC PANEL, ARTHRITIS PANEL, URINALYSIS. The MTUS, ACOEM, and ODG Guidelines do not specifically discuss routine laboratory testing. However, the MTUS Guidelines page 70 does discuss "periodic lab monitoring of CBC and chemistry profile (including liver and renal function tests)." MTUS states that monitoring of CBC is recommended when patients take NSAIDs. It goes on to state, "There has been a recommendation to measure liver and transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." The treating physician states that the patient is currently taking Advil 1800mg per day and recommends blood work and urinalysis "to make sure it is safe for the patient to be on this medication." The treating physician has requested lab work above and beyond the recommendations from the MTUS guidelines. CRP (C-Reactive Protein) is a blood test to measure inflammation and CPK (creatine phosphokinase) is primarily testing for: heart attack, evaluate the cause of chest pain and for the detection of muscle damage, dermatomyositis, polymyositis and other muscle diseases. These tests are not recommended per MTUS as only the CBC and Chem 8 are supported. The urinalysis is also not supported as ODG allows for once yearly urine drug screens for patient taking opiates. The patient is taking Advil and is not on an opiate regimen. The requested laboratory testings are not medically necessary.