

Case Number:	CM15-0063341		
Date Assigned:	04/09/2015	Date of Injury:	11/10/2009
Decision Date:	05/11/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/03/2015

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: Emergency 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 53-year-old female who sustained an industrial injury on 11/10/09. The mechanism of injury is unclear. She currently complains of pain flare up of right elbow pain and right hand swelling. Medications are not clearly identified. Diagnoses include lumbar spine sprain/ strain with left lower extremity radiculitis; bilateral sacroiliac joint sprain/ strain; left hip greater trochanteric bursitis; cervical spine sprain/ strain with bilateral upper extremity radiculitis; bilateral shoulder strain, bursitis and impingement; bilateral medial and lateral elbow epicondylitis; bilateral carpal tunnel syndrome right and left. Treatments to date include shockwave therapy to the right elbow, cortisone injections right elbow with reduction in pain. Diagnostics include MRI lumbar spine (8/22/09) abnormal; abnormal cervical MRI (3/2011); diagnostic ultrasound shoulder (4/22/10); MRI right elbow (4/2014); abnormal nerve conduction study (11/6/12). The requested treatments right elbow ultrasound and Flector patch were not clearly identified in the handwritten progress notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right elbow ultrasound: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Elbow, Ultrasound, Diagnostic.

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. As per Official Disability Guidelines, recommend Ultrasound for diagnosis of complete and partial tears of bicep tendon, detection of epicondylitis and with non diagnostic plain films. The provider has failed to document rationale for ultrasound. Patient has chronic elbow pains. There are prior imaging done of the elbow including MRIs done in 4/14 but no report was provided as to results. Provided progress note is hand written and not legible. No legible rationale for request was readable on record. Documentation fails to meet criteria to recommend ultrasound of elbow. The treatment is not medically necessary.

Flector patch #80: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: As per MTUS Chronic Pain Guidelines topical analgesics such as Flector (Diclofenac epolamine) have poor evidence to support its use but may have some benefit in osteoarthritis related pain. Guidelines recommend only short-term use of topical NSAIDs and do not recommend chronic use. Diclofenac has evidence for its use in joints that lend itself for treatment such as knees, elbows, ankles etc but has no evidence to support its use for the shoulder, spine or hip. Patient has been using this chronically with no noted objective improvement in pain or function. It is unclear where the patient is using this patch since patient has multiple site related pains and documentation is not legible. The number of requested patches is not consistent with short term use. Chronic use of Flector is not medically necessary.