

Case Number:	CM15-0069312		
Date Assigned:	04/16/2015	Date of Injury:	12/11/2014
Decision Date:	05/18/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/13/2015

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, Pain Management

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 55-year-old female, who sustained an industrial injury on 12/11/2014. She reported pain in her right elbow/forearm while moving files. She reported doing most job duties with her right upper extremity due to her prior work related injury to the left upper extremity (not specified). The injured worker was diagnosed as having right elbow sprain. Treatment to date has included medications, work restrictions, and occupational therapy 12 completed with 6 additional authorized). On 3/09/2015, the injured worker reported improvement in her right elbow/forearm (unspecified). It was documented that she did not have any prior diagnostic studies completed with initial treatment. An x-ray of the right elbow was obtained. Medication included Tramadol and Ultracin lotion. The recommended treatment included a home interferential stimulation unit, to decrease pain and increase range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home interferential unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulations (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines x 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 118-120 of 127.

Decision rationale: Regarding the request for interferential unit, CA MTUS Chronic Pain Medical Treatment Guidelines state that interferential current stimulation is not recommended as an isolated intervention. They go on to state that patient selection criteria if interferential stimulation is to be used anyways include pain is ineffectively controlled due to diminished effectiveness of medication, side effects or history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercises, or unresponsive to conservative treatment. If those criteria are met, then in one month trial may be appropriate to study the effects and benefits. With identification of objective functional improvement, additional interferential unit use may be supported. Within the documentation available for review, there is no indication that the patient has met the selection criteria for interferential stimulation outlined above. Additionally, there is no documentation that the patient has undergone an interferential unit trial with objective functional improvement and there is no provision for modification of the current request. In light of the above issues, the currently requested interferential unit is not medically necessary.

Retrospective X-rays of right elbow on 03/09/15: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33, 48.

Decision rationale: Regarding the request for x-rays of the right elbow, CA MTUS and ACOEM cite that plain-film radiographs of elbow are recommended if there are red flags (such as evidence of elbow fracture, dislocation, cancer, or infection). Within the documentation available for review, no red flags are noted. It appears that epicondylitis was diagnosed. Imaging is not supported for this condition and no rationale is presented identifying the medical necessity of x-rays for this patient despite the recommendations of the guidelines. In light of the above issues, the currently requested x-rays of the right elbow are not medically necessary.