

Case Number:	CM15-0095029		
Date Assigned:	05/21/2015	Date of Injury:	12/11/2013
Decision Date:	06/25/2015	UR Denial Date:	05/09/2015
Priority:	Standard	Application Received:	05/18/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 50 year old female, who sustained an industrial injury on 12/11/2013. She reported right elbow pain secondary to her daily repetitive work activities. The injured worker was diagnosed as having right elbow lateral epicondylitis and right elbow partial tear of the extensor carpi radialis tendon. Treatment and diagnostic studies to date has included x-rays of the right elbow, medication regimen, physical therapy that included use of an interferential unit, corticosteroid injections, use of a right elbow strap, laboratory studies, and magnetic resonance imaging of the right elbow. Magnetic resonance imaging performed on 02/23/2015 revealed findings that are related to lateral epicondylitis and a partial tear of the extensor carpi radialis tendon. In a progress note dated 04/17/2015 the treating physician reports tenderness along a (annular ligament) 1 pulleys of third and fifth digit with swelling, tenderness along the lateral epicondyle, and pain with forced supination and dorsiflexion to the wrist. The treating physician requested purchase of an interferential current unit for the right elbow with the treating physician noting that the injured worker had failed conservative care that included injections to the elbow, physical therapy, and bracing with the physician recommending right elbow partial release of the annular ligament with release of extensors, supinators and partial lateral release, epicondylectomy and arthrotomy with synovectomy if necessary with post-operative use of a interferential current unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a IFC unit for the right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrical nerve stimulation (TENS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 116 of 127. Decision based on Non-MTUS Citation ODG Low Back, under Interferential Stimulators.

Decision rationale: The MTUS notes that electrical stimulators like interferential units are not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005) Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985) Spasticity: may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005) Multiple sclerosis (MS): While electrical stimulators do not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. (Miller, 2007) In this case, the stimulator is not generally recommended due to negative efficacy studies, and the claimant does not have conditions for which electrical stimulation therapies might be beneficial. The request is appropriately not medically necessary.