

Case Number:	CM13-0064170		
Date Assigned:	01/03/2014	Date of Injury:	04/06/2012
Decision Date:	04/03/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of 4/6/12. A utilization review determination dated 11/25/13 recommends non-certification of MRI of the left elbow, FCE, PT, acupuncture, LINT, VSNCT, TENS/EMS, and NCV/EMG. 10/31/13 report is somewhat illegible, but identifies pain 5-8/10 neck, left shoulder, left elbow, shooting pain to left hand. Exam findings and diagnoses are illegible.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33-34 AND 42.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42.

Decision rationale: California MTUS supports an MRI's use for suspected ulnar collateral ligament tears, but not for suspected epicondylalgia. Within the documentation available for review, there is elbow pain, but no symptoms/findings suggestive of ligamentous injury or another condition for which an MRI would be supported. In light of the above issues, the currently requested MRI of the left elbow is not medically necessary.

functional capacity evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 12. Decision based on Non-MTUS Citation ODG, Fitness for Duty Chapter, Functional Capacity Evaluation

Decision rationale: CA MTUS and ACOEM state that there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. ODG states that the criteria for the use of a functional capacity evaluation includes case management hampered by complex issues such as prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job, and/or injuries that require detailed exploration of a worker's abilities. Within the documentation available for review, there is no indication that case management has been hampered by complex issues such as prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job, and/or injuries that require detailed exploration of a worker's abilities. In light of the above issues, the currently requested functional capacity evaluation is not medically necessary.

Localized intense neurostimulation therapy (LINT): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

Decision rationale: California MTUS guidelines do support the use of some types of electrical stimulation therapy for the treatment of certain medical disorders. However, regarding LINT specifically, a search of the CA MTUS, ACOEM, ODG, National Library of Medicine, National Guideline Clearinghouse, and other online resources failed to reveal support for its use in the management of the cited injuries. Additionally, no documentation was provided identifying that this treatment provides improved outcomes as compared to other treatment options that are evidence-based and supported, and there is no documentation identifying the medical necessity of this request. In the absence of such documentation, the currently requested localized intense neurostimulation therapy is not medically necessary.

Voltage actuated sensory nerve conduction: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Neck & Upper Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, Quantitative sensory threshold (QST) testing and Current perception threshold (CPT) testing

Decision rationale: California MTUS does not address the issue. ODG cites that this type of testing is not recommended since it is considered experimental or investigational, as there are no quality published studies to support any conclusions regarding the effects of this testing on health outcomes. In light of the above issues, the currently requested voltage actuated sensory nerve conduction is not medically necessary.

TENS/EMS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

Decision rationale: California MTUS supports a one-month trial of TENS when there is: Pain of at least three months duration; evidence that other appropriate pain modalities have been tried (including medication) and failed; and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. Within the documentation available for review, there is no documentation of failure of other appropriate pain modalities and goals of TENS treatment. Additionally, there is no documentation of a successful trial of TENS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested TENS/EMS is not medically necessary.

Electromyography (EMG) and nerve conduction velocity (NCV) testing: 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 8 Neck and Upper Back Complaints Page(s): 178-182.

Decision rationale: CA MTUS states that electromyography and nerve conduction velocities including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Within the documentation available for review, there are no recent physical examination findings identifying subtle focal neurologic deficits for which the use of electrodiagnostic testing would be indicated. In the absence of such documentation, the currently requested EMG/NCV is not medically necessary.