

Case Number:	CM13-0024637		
Date Assigned:	11/20/2013	Date of Injury:	08/28/2011
Decision Date:	01/16/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	09/16/2013

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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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:

The patient is a forty-nine year-old female who was working as a correctional officer. On 6/28/11, she was pulling a heavy mechanical crank to open approximately fifty cells on a tier at the prison when she developed shooting left elbow and arm pain. On June 30, 2011, patient was diagnosed with acute ulnar nerve inflammation related to pop of the nerve over the medial epicondyle, with possible cervical radiculopathy. A cervical MRI was done on August 2, 2011. The study showed focal kyphosis at C5-6 with annular disc/osteophyte complex resulting in moderate central canal and moderately severe bilateral neural foraminal stenosis; a disc/osteophyte complex at C6-7 with foraminal stenosis; and multilevel degenerative changes including disc protrusions at C3-4 and C4-5. EMG studies of the upper extremities on 8/4/11 revealed mild left cubital tunnel syndrome and bilateral carpal tunnel syndrome. A left elbow MRI on January 25, 2012, showed a small joint effusion and mild edema of the subcutaneous fatty tissues superficial to the ulnar aspect of the elbow suggesting focal scar formation. On January 31, 2012, patient had a corticosteroid injection to the left medial epicondyle. On August 31, 2012, patient had complaints of constant neck pain as well as hand numbness and weakness. She was diagnosed left cervical radiculopathy with disc protrusion, left cubital tunnel syndrome, and rule out double crush syndrome. Her physician recommended a cervical epidural injection. Electrodiagnostic studies of the upper extremities were repeated on October 24, 2012. These revealed mild to moderate cubital tunnel syndrome and mild bilateral carpal tunnel syndrome. The patient returned to work in March of 2012, but in June of 2012, she sustained a knee injury and was taken off work once again. She is not currently working. On 3/14/13 patient underwent a subcutaneous transposition of the left ulnar nerve and debridement of left medial epicondyle. A PR2 note dated 8/1/13 indicates patient

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for purchase of a TENS unit with HAN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

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

Decision rationale: TENS unit with HANS program is not medically necessary per MTUS guidelines. From documentation submitted she does not meet the guideline criteria for a TENS unit and therefore Tens unit and TENS unit supplies are not medically necessary. According to the CA MTUS guidelines, a one-month home-based TENS trial may be considered if used as an adjunct to a program of evidence-based functional restoration and only for specific conditions including neuropathic pain and CRPS II (note that there is limited published evidence for use of TENS in these conditions), diabetic neuropathy, phantom limb pain, postherpetic neuralgia, spasticity in spinal cord injury, and multiple sclerosis. Per 8/1/13 PR2 documentation patient's neurologic symptoms have largely resolved and a TENS unit was ordered for neck spasm which is not one of the conditions MTUS recommends using a TENS unit for.

The request for batteries per month (Qty: 6): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

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

Decision rationale: Since the primary equipment request is not medically necessary, none of the associated equipment is medically necessary.

The request for electrodes per month (pair, qty: 8): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

Decision rationale: Since the primary equipment request is not medically necessary, none of the associated equipment is medically necessary.