

Case Number:	CM13-0036300		
Date Assigned:	03/19/2014	Date of Injury:	11/29/2011
Decision Date:	05/23/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/21/2013

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 Orthopedic Surgery, 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:

The claimant is a 49-year-old female who was injured in a work related accident on November 29, 2011. The follow-up report by [REDACTED] on September 4, 2013 listed the claimant's diagnoses as right lateral epicondylitis, status post epicondylar release in October 2012, chronic thoracalgia, right cubital tunnel syndrome, status post right cubital tunnel release in October of 2012, adjustment disorder and chronic pain syndrome. The claimant continued on medication management including Cymbalta. Physical examination findings were documented to show that the claimant was "agitated," had healed incisions over the right elbow and continued to have "generalized tenderness" with no further documentation of objective findings noted. Recommendations at that time were for peripheral nerve stimulation to be performed percutaneously in conjunction with an aggressive rehabilitation program.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCUTANEOUS ELECTRICAL NERVE STIMULATOR WITH EACH NEUROSTIMULATOR TREATMENT/PLACEMENT/IMPLANT CONSISTS OF 4 DAYS OF CONTINUOUS NEUROSTIMULATOR FOR 3 TREATMENTS: 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): 97.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, percutaneous electrical nerve stimulation treatment cannot be recommended as medically necessary. The Chronic Pain Guidelines do not recommend this form of modality as a primary treatment modality, but do recommend it if used as an adjunct to a program of evidence based functional restoration when other forms of non-surgical treatment including therapy and TENS devices have been utilized or failed. The records provided for review do not indicate previous use of a TENS device or associated electrical stimulator device. The specific request for percutaneous electrical nerve stimulation would not be supported.