

Case Number:	CM13-0058448		
Date Assigned:	12/30/2013	Date of Injury:	05/26/2011
Decision Date:	05/07/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/27/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 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/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 patient is a 55-year-old male with date of injury of 5/26/11. Per the treating physician's report on 9/23/13, the patient presents with a painful wrist with current medications of trazodone, MS Contin, and morphine sulfate IR. Examination showed a brace in place, decreased range of motion, and a well-healed surgical scar at the right elbow. The patient is status post surgery from 9/6/13; there is mild erythema over the right arm. The assessment is right upper extremity complex regional pain syndrome, and left knee torn meniscus. The report by [REDACTED] on 8/19/13 has listed chronic regional pain syndrome of the right arm as well. There is an operative report dated 9/6/13 for right elbow arthrotomy, right elbow lateral epicondylectomy, extensor conjoint tendon tenolysis and decompression, and injection of the right elbow with Marcaine and morphine.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT PERCTANEOUS PERIPHERAL NERVE STIMULATOR (NEUROSTIMULATOR) 3 TREATMENTS FOR 30 DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY DURATION GUIDELINES

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 97-98.

Decision rationale: This patient presents with chronic right elbow pain and upper extremity pain with a diagnosis of chronic regional pain syndrome. The patient is status post right elbow surgery including epicondylectomy and elbow arthrotomy from 9/6/13. There is a request for percutaneous peripheral nerve stimulator, 3 treatments for 30 days. The MTUS Guidelines do not address this treatment modality, but the Official Disability Guidelines state percutaneous neuromodulation therapy is not recommended as it is considered investigational. There does not appear to be any support from the guidelines regarding this treatment modality. The request is noncertified.