MAXIMUS Federal Services

Case Number:	CM13-0059086		
Date Assigned:	12/30/2013	Date of Injury:	04/23/2012
Decision Date:	05/09/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/29/2013

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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:

The injured worker is a 60-year-old female who reported an injury on 04/23/2012. The mechanism of injury involved repetitive trauma. Current diagnosis is history of industrial injury to bilateral upper extremities and cervical spine. Prior conservative treatment includes pain medication, muscle relaxants, TENS therapy, physical therapy, and chiropractic therapy. The most recent physician progress report submitted for this review is documented on 01/17/2013. The injured worker presented for carpal tunnel evaluation, pain in the shoulder, pain in the neck, and pain in the elbow. Physical examination revealed full and painless range of motion of the cervical spine, slightly diminished forward flexion of bilateral shoulders, 5/5 motor strength in bilateral upper extremities, positive Neer and Hawkins testing, and positive Tinel's and Phalen's testing bilaterally. The treatment recommendations included an MRI of bilateral shoulders, cervical spine, and bilateral elbows as well as an EMG/NCV study of bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT WRIST/ELBOW CONSULTATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, the injured worker has completed previous conservative treatment including medications, TENS therapy, physical therapy, and chiropractic therapy. However, there is no documentation of a significant musculoskeletal or neurological deficit with regard to the elbow. The injured worker is pending EMG/NCV studies of bilateral upper extremities as well as an MRI of the bilateral elbows. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

SPINAL Q BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: California MTUS/ACOEM Practice Guidelines state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. As per the documentation submitted, there was no evidence of a significant musculoskeletal or neurological deficit with regard to the lumbar spine. There is no evidence of significant instability. The medical necessity for the requested durable medical equipment has not been established. As such, the request is non-certified.

TENS UNIT: 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 TRANSCUTANEOUS ELECTROTHERAPY Page(s): 117-121.

Decision rationale: California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home based trial may be considered as a noninvasive conservative option. As per the documentation submitted, the injured worker reported no long-term relief with previous use of a TENS unit. There was no documentation of how often the unit was used as well as outcomes in terms of pain relief and function. The current request does not specify a frequency or total duration of treatment. Therefore, the request is non-certified.