

<b>Case Number:</b>	CM13-0064896		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/11/2013
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### 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 Occupational Medicine 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:

The patient is an employee of [REDACTED] and has submitted a claim for overuse syndrome, bilateral upper extremities; medial and lateral epicondylitis, bilateral; cubital tunnel syndrome, bilateral; carpal tunnel syndrome, bilateral; and De Quervain's tendinitis, bilateral, associated with an industrial injury date of 04/11/2013. Treatment to date has included elbow and wrist wrap, wrist splint, chiropractic care, steroid injection, physical therapy, and medications including ibuprofen, omeprazole, tramadol and Zolpidem. Utilization review from 12/04/2013 denied the requests for TENS unit (Rental) because there was no documentation stating that it will be a part of a comprehensive rehabilitation program; and EMG/NCS of bilateral upper extremities due to lack of documentation of progression of the neurological deficits since the initial EMG/NCV six months prior. Medical records from 2013 were reviewed showing that patient has been complaining of bilateral elbow pain radiating down on both arms associated with numbness. She likewise complained of bilateral wrist pain radiating into the hands and fingers associated with tingling and numbness. This resulted to loss of grip strength and difficulty brushing her hair, dressing, shopping, and lifting even light objects. Physical examination showed tenderness of medial and lateral epicondyles, left greater than right; and radial styloid, bilaterally. Range of motion of forearm supination was limited to 70 degrees bilaterally, and pronation at 80 degrees, bilaterally. Elbow flexion was likewise limited to 130 degrees, right; 120 degrees, left; and elbow extension at 170 degrees, bilaterally. Ulnar deviation was limited to 5 degrees, bilaterally. Palmar dorsiflexion was at 20 degrees, bilaterally; palmar flexion at 12 degrees, right; and palmar flexion, left at 10 degrees. Motor strength was normal; however there was evidence of thenar or hypothenar muscle wasting. Deep tendon reflexes were +1 for biceps, absent for triceps and brachioradialis, bilaterally. Finkelstein's, Phalen's, Durkan's

and Tinel's tests were positive, bilaterally. Sensation was intact. Discussion identifies that EMG/NCV is requested to rule out radiculopathy.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**TENS (TRANSCUTANEOUS ELECTRICAL NERVE STIMULATOR ) UNIT RENTAL:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114,116.

**Decision rationale:** As stated in page 114 of CA MTUS Chronic Pain Medical Treatment Guidelines, TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. In this case, the patient already completed five visits to physical therapy from 05/30/2013 to 06/13/2013. Medical records submitted and reviewed did not provide any evidence that the patient is still continuing her home exercise program which is a requisite adjunct for TENS. Moreover, as stated in page 116, a treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. There was no documentation submitted regarding specific goals that should be achieved with the use of TENS. The guideline criteria have not been met. In addition, the request did not specify the duration of time for TENS unit rental. Therefore, the request for TENS (Transcutaneous Electrical Nerve Stimulator) unit rental is not medically necessary.

**EMG FOR THE BILATERAL UPPER EXTREMITIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

**Decision rationale:** CA MTUS criteria for EMG of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. However, there is no evidence of a change or progression in objective neurologic deficits to warrant repeat electrodiagnostic testing. Therefore, the request is not medically necessary.

**NCV FOR THE BILATERAL UPPER EXTREMITIES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (odg) NECK AND UPPER BACK CHAPTER, EMG

**Decision rationale:** CA MTUS criteria for NCV of the upper extremity include documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. However, there is no evidence of a change or progression in objective neurologic deficits to warrant repeat electrodiagnostic testing. In addition, NCVs are not required if cervical radiculopathy is to be ruled out. Therefore, the request is not medically necessary.