

Case Number:	CM13-0065341		
Date Assigned:	01/03/2014	Date of Injury:	06/18/2013
Decision Date:	06/16/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/13/2013

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:

Injured worker is a female with date of injury 6/18/2013. Per primary treating physician's progress report follow-up evaluation report and request for authorization, the injured worker continues to complain of right shoulder, right elbow and bilateral wrist pain. On exam there is moderate mounding spasm formation of the right upper trapezius bundle with moderate tenderness on direct digital palpation. There are palpable trigger points about the right upper trapezius and right rhomboids musculature. The right shoulder has tenderness to palpation about the subacromial space, acromioclavicular joint, glenohumeral joint with palpable swelling noted at the sites. There are restrictions on active ranges of motion of the shoulder, and normal passive range of motion with pain at the end range in all planes of movement. Neer's test is positive. She has weakness of the rotator cuff that is 2/5. There is positive Tinel's sign over the bilateral carpal tunnels, positive medial compression with residual carpal pillar tenderness. There is no atrophy or wasting of the intrinsic musculature of the hands or upper extremities. Diagnoses include 1) rotator cuff tear, right shoulder 2) right shoulder tendinosis and impingement syndrome 3) right lateral epicondylitis 4) rule out recurrent bilateral carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG OF THE BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261, 262.

Decision rationale: Per the ACOEM guidelines, the use of electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. There are many office tests that can be performed to assess for neurological deficits, to diagnose carpal tunnel syndrome, or to identify the location where neurological symptoms are originating. With objective exam findings, electrodiagnostic testing becomes more useful. Additionally, the injured worker is noted to be status post bilateral carpal tunnel syndrome. The request for EMG of the bilateral upper extremities is determined to be not medically necessary.

NCV OF THE BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261, 262.

Decision rationale: Per the ACOEM guidelines, the use of electrodiagnostic studies may help differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. There are many office tests that can be performed to assess for neurological deficits, to diagnose carpal tunnel syndrome, or to identify the location where neurological symptoms are originating. With objective exam findings, electrodiagnostic testing becomes more useful. Additionally, the injured worker is noted to be status post bilateral carpal tunnel syndrome. The request for NCV of the bilateral upper extremities is determined to be not medically necessary.

MULTI STIM UNIT PLUS SUPPLIES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTRIC THERAPY Page(s): 113. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION Page(s): 114-116.

Decision rationale: The use of multi-stim unit, or TENS as described in the progress note, for chronic pain is not recommended by the guidelines as a primary treatment modality, but a one-month home-based TENS trial may be considered if used as an adjunct to a program of evidence-based functional restoration in certain conditions. The injured worker does not meet the medical conditions that are listed by the guidelines where a TENS unit may be beneficial. The TENS unit is also being used as a primary treatment modality, which is not supported by the guidelines. There are criteria for the use of TENS specified by the guidelines, of which there is not adequate

documentation to support. These criteria include 1) documentation of pain of at least three months duration 2) evidence that other appropriate pain modalities have been tried, including medications, and failed 3) a one month trial of the TENS unit should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach with documentation of how often the unit was used as well as outcomes in terms of pain relief and function 4) a treatment plan including specific short and long term goals of treatment with the TENS unit should be submitted. If these criteria are clearly documented, a one month rental of a two lead unit to conduct a one month trial may be medically necessary. The request for multi stim unit plus supplies is determined to be not medically necessary.