

Case Number:	CM14-0014940		
Date Assigned:	02/28/2014	Date of Injury:	04/10/2013
Decision Date:	06/27/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	02/06/2014

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 Rehabilitation & Pain Management 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 38-year-old female with a date of injury 04/10/2013. Per treating physician's report 11/14/2013, the patient presents with listed diagnoses of tenosynovitis left side, ulnar tunnel compression, swelling of the left elbow. The patient's symptoms are not described well under subjective complaints on this report. Treatment recommendations were for occupational therapy. 11/18/2013 report is a neurologic consultation with current complaints of diffuse pain throughout the left arm, particularly left wrist, forearm, elbow; pain all the way up to side of her neck, numbness left arm, paresthesia numbness, particularly left 3 fingers, difficulty sleeping, left-sided hip pain, muscle twitching and spasms with shaking in the left arm. The neurologist's impression was a history of fall with left wrist and elbow strain, negative MRI of the left elbow, left upper extremity EMG test and functional overlay. Recommendation was for non-contrast MRI of the C-spine and brain, nonnarcotic analgesics for conservative treatment. There is a request for "DME supply or accessory" which was denied by utilization review 12/31/2013. Utilization review letter specifically discusses "ERT stimulation unit rental for left upper extremity." This report references 12/23/2013 report which was not included in this file for my review.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME SUPPLY OR ACCESSORY, NOS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS - TRANSCUTANEOUS ELECTROTHERAPY, Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114.

Decision rationale: This patient presents with persistent upper extremity pain. Request is for "DME supply or accessory." Unfortunately, 12/23/2013 report that apparently contains the request is not available for this review. Request for authorization form is also not available to determine the precise nature of this request. This does appear to be DME supply for TENS unit or electrical stimulation. Review of the reports that contained 252 pages with numerous progress reports from several physicians, do not mention electrical stimulation units, TENS units, or other units. There is a reference to electrical stimulation unit by a therapist's note 09/23/2013 where "hot packs, interferential electrical stimulation, pulse ultrasound" treatment modalities were recommended. MTUS Guidelines support electrical stimulation units such as TENS, H-wave, and interferential units. However, before these units were supplied, 1-month rental of home use is recommended. In this case, despite review of many progress reports from 04/02/2013 to 01/15/2014 by various physicians, there is no evidence that the patient has tried 30-day home rental of TENS unit or other electrical units. The request is not medically necessary.