

<b>Case Number:</b>	CM14-0156875		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	06/18/2014
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 Medicine and Rehabilitation, and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 34 year old female who sustained a work injury on 6-18-14. The claimant has a diagnosis of left shoulder impingement, left elbow lateral epicondylitis, left deQuervain's tenosynovitis and ligamentous laxity of the left basal thumb. Office visit on 8-19-14 notes the claimant has elbow pain at the medial and lateral aspect with radiation to the wrist. She also has soreness at the base of the left thumb at the CMC joint. The claimant has had physical therapy with no benefit. She notes her work demands caused continued symptoms. On exam, the claimant has tenderness over the lateral epicondyle of the left elbow which increases with power grasping and no relief with counterforce technique, equivocal impingement test on the left shoulder and left hand basal thumb instability and CMC joint pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A.R.T stimulation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.artrehab.com](http://www.artrehab.com)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrotherapy Page(s): 114-117.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines notes that transcutaneous electrotherapy is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. This modality is recommended for conditions such as spasticity, multiple sclerosis, neuropathic pain, phantom limb pain. There is an absence in documentation noting that this claimant has had a trial with daily pain diaries noting functional and documented improvement. There is an absence in documentation she has any of these conditions for which a one month trial would be considered. Additionally, this is a nonspecific request which is not supported. Therefore, the medical necessity of this request is not established.

**Ergonomic evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), shoulder chapter, neck and Upper back Chapter, Forearm, wrist and Hand chapter- ergonomics interventions

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), forearm, hand wrist chapter - ergonomic interventions

**Decision rationale:** ODG notes that ergonomic interventions are under study. It is noted that physical exposures at work influence the development of musculoskeletal symptoms in the neck-shoulder and wrist-hand regions. However, the results also suggest that a psychosocial exposure (social support) and perceived stress symptoms influence musculoskeletal symptom. There is an absence in documentation to support exceeding or going beyond current treatment guidelines. Therefore, the medical necessity of this request is not established.