

Case Number:	CM14-0179891		
Date Assigned:	11/04/2014	Date of Injury:	04/30/2008
Decision Date:	12/12/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/29/2014

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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of April 30, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier shoulder surgery; earlier TFCC ligament reconstruction/repair surgery; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated September 29, 2014, the claims administrator denied a cervical traction device, invoking non-MTUS-ODG Guidelines, despite the fact that the MTUS did address the topic; denied a back brace, invoking Third Edition ACOEM Guidelines which were seemingly mislabeled as originating from the MTUS; denied a hinged elbow brace, invoking unlabeled guidelines; and denied a TENS unit, invoking the MTUS Chronic Pain Medical Treatment Guidelines. The applicant, per the claims administrator, carried a diagnosis of elbow epicondylitis. The attending provider stated that the traction device should be denied on the grounds that the applicant did not have radicular pain. The applicant's attorney subsequently appealed. In an August 8, 2014 progress note, the applicant reported ongoing complaints of neck pain with frequent numbness, tingling, paresthasias about the right shoulder, right arm, and right hand. The applicant was having difficulty gripping and grasping. The applicant was not working and was receiving Workers' Compensation indemnity benefits, the treating provider acknowledged. The applicant was feeling depressed at times. The applicant had a history of hypertension, neck pain, shoulder pain, and wrist pain, it was noted. Some element of sleep disturbance was also reported. Electrodiagnostic testing of the upper extremities was endorsed. The applicant was asked to continue Ultracet. Terocin and Protonix were also endorsed, along with a hinged elbow brace to provide support for the elbow. The applicant was given diagnoses of diskogenic neck pain,

rotator cuff tear, elbow epicondylitis, ulnar neuritis, and wrist joint inflammation. In an October 7, 2014 progress note, the applicant reported ongoing complaints of right hand, wrist, and neck pain with paresthesias about the hands. The applicant was still having difficulty sleeping, coupled with difficulty gripping, grasping, twisting, turning, and/or opening jars. The applicant had hypertension but no diabetes. The applicant was reportedly using Flexeril, Nalfon, Protonix, tramadol, and Neurontin. A cervical traction device was sought, along with a neck pillow and hinged elbow brace. The applicant was not working, it was acknowledged. There was no mention of the applicant's having had a trial of a TENS unit on this occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical traction with air bladder.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna, 2004

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174, 181.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 181, traction, the modality at issue, is deemed "not recommended." While ACOEM does qualify its unfavorable position on traction by noting in Chapter 8, page 174 that palliative tools such as traction can be employed on a trial basis but should be monitored closely, in this case, however, the attending provider seemingly sought authorization to purchase the traction device without evidence of a previously successful trial of the same. The request, thus, as written, is at odds with ACOEM principles and parameters. Therefore, the request is not medically necessary.

Hinged Elbow brace.: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Apfel, 2006 Understudy for Epicondylitis.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 19, 26.

Decision rationale: The attending provider has indicated that the applicant carries diagnoses of elbow epicondylitis and ulnar neuritis. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 10, page 19, elbow padding, as is implied via the brace at issue, is deemed "recommended" in the treatment of ulnar nerve entrapment, as is present here. Similarly, the MTUS Guideline in ACOEM Chapter 10, page 26 also notes that elbow epicondylalgias supports including bands, braces, straps, etc., as is seemingly being sought here, are deemed "recommended" in the management of elbow epicondylitis, as is also present here. The brace in question is, thus, endorsed by ACOEM for the diagnoses for which it is being sought. Therefore, the request is medically necessary.

TENS Pads.: 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 Criteria for the Use of TENS 9792.20f Page(s): 116.

Decision rationale: It appears that the applicant has previously been given TENS unit. However, as noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, ongoing usage of a TENS unit and/or provision of associated supplies beyond an initial one-month trial should be predicated on evidence of a favorable outcome during said one-month trial, in terms of both pain relief and function. Here, however, it does not appear that the applicant has effected any significant improvements in function achieved as a result of previous usage of the TENS unit. The applicant remains off of work. The applicant is receiving Workers' Compensation indemnity benefits. The applicant is having difficulty performing activities of daily living as basic as lifting articles weighing heavier than 5 pounds, it was suggested on a progress note dated August 8, 2014. The applicant is apparently dropping articles, it was further suggested on the same date. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite earlier usage of the TENS unit at issue. Therefore, the request for provision of TENS unit patch/supply is not medically necessary.

Back Brace / wraps.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 301, lumbar supports/back braces have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Here, the applicant is, quite clearly, well outside of the acute phase of symptom relief following an industrial injury of April 30, 2008. Introduction and/or ongoing use of a lumbar support are not indicated. It is further noted that the progress notes, referenced above, of August 8, 2014 and October 7, 2014, focussed on discussion of the applicant's upper extremity issues associated with the wrist, elbow, shoulder, and neck. There is comparatively little to no mention of the applicant's low back pain complaints (if any). Therefore, the request is not medically necessary.