

Case Number:	CM14-0180490		
Date Assigned:	11/05/2014	Date of Injury:	08/13/2012
Decision Date:	12/10/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/30/2014

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 Emergency 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:

Patient with reported date of injury on 8/13/2012. Mechanism of injury is described as a fall from 20feet off a ladder. Patient has diagnosis of R elbow contracture, R wrist flexion contracture, R shoulder labral tear and R shoulder rotator cuff tendinopathy. Patient is post R open reduction internal fixation of R elbow comminuted fracture and dislocation with repair of lateral glenohumeral collateral ligament (no date documented but likely on date of injury). Patient is post R elbow removal of deep buried implant, extensive capsular release, radial head replacement using Tornier press-fit, R arm harvest of flexor carpi radial autograph, lateral collateral ligament reconstruction, biotenesis score and piton anchor and R elbow ulnar nerve transposition on 9/3/13. Medical reports reviewed. Last report available until 9/22/14. Patient complains of R elbow pain. Pain is stabbing and tingling. Associated with weakness and stiffness. Pain is 5-6/10. Pain worsens with extension or flexion. Has limited use of arm. Patient also has complaints of R wrist and R shoulder pain. Palpation notes tenderness. Objective exam reveals normal appearing arm but limited use of the arm was noted. R shoulder exam was normal with minimally decreased range of motion. Noted tenderness on palpation. Elbow exam reveals well healed scars to R elbow and arm. Range of motion is limited with noted 70degree flexion and 40degrees of external and internal rotation. Patient is not able to dorsiflex hand but strength is otherwise normal. Limited sensation to C5-C7 dermatomes. Grip on R hand is minimal. Note mentions that the patient has not received any medical care since 9/13. Note also mentions that patient were not consistent with his care leading to concerns about elbow function. Note mentions request for 3months of TENS trial. Dynasplint was requested because "it could benefit".MRI of R shoulder (9/19/12) reported arthritis, small joint effusion, moderate tendinosis and partial tear of supraspinatus, tendinosis of infraspinatus, moderate complex tear of labrum involving biceps tendon. CT scan of elbow (5/1/13) reported limited due to artifact but hardware

with healed fracture was noted. EMG/NCV (4/24/13) revealed normal study. Patient was reportedly only on Advil during that exam. Relafen and Tylenol were ordered for patient. Patient has completed physical therapy and uses a brace. Independent Medical Review is for TENS unit and R upper extremity "Dynasplint". Prior UR on 10/3/14 recommended non-certification but modification of both requests to 1month trials.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic Pain Page(s): 116.

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

Decision rationale: As per MTUS Chronic pain guidelines, TENS (Transcutaneous Electrical Nerve Stimulation) may be recommended only if it meets criteria. Evidence for its efficacy is poor. Patient does not meet criteria to recommend TENS. TENS is only recommended for neuropathic or Complex Regional Pain Syndrome (CRPS) pain. Patient has neither diagnosis. There is no documentation of failures of multiple conservative treatment modalities. Patient has a significant gap in medical care with no recent physical therapy or documentation of home stretching or home exercise regimen. There is no documentation of short or long term goal of TENS unit. There is no documentation of an appropriate 1month trial of TENS patient fails multiple criteria for TENS purchase. TENS is not medically necessary.

Dynasplint Right Upper Extremity: Overturned

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. Dynasplint System.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Forearm, wrist and hand, Static progressive stretch (SPS) therapy.

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do have any sections that relate to this topic. As per Official Disability Guidelines, Dynasplint is a type of static progressive stretch (SPS) therapy that may be beneficial for joint stiffness and contracture. It can be recommended if patient meets certain guidelines: 1) Joint stiffness caused by immobilization. Presumptively meets criteria. 2) Established contracture when passive ROM is restricted. Meets criteria. 3) Pathology that may benefit from constant low intensity tension. Meets criteria. Patient meets criteria to recommend Dynasplint. Dynasplint is medically necessary.

