

<b>Case Number:</b>	CM14-0020150		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	04/22/2009
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 Orthopaedic Surgery and is licensed to practice in Mississippi. 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 records reviewed indicate the date of injury as April 22, 2009 for this 55-year-old individual. The request for treatment noted the diagnosis as a sprain/strain of the bilateral wrists and hands. The mechanism of injury is noted as loading and unloading baggage into and out of airplanes. Injuries to the neck, back, right shoulder and bilateral upper extremities are reported. A number of surgeries involving the bilateral upper extremities to include to carpal tunnel surgeries and to trigger finger release procedures are noted. Current complaints include the right shoulder, bilateral wrists and hands as well as the cervical spine. The physical examination noted a full range of motion of the shoulders, elbows, wrist and digits. Strength testing was intact. The clinical assessment was sprain/strain throughout the bilateral upper extremities and the cervical spine. A course of acupuncture was outlined in October, 2013. The follow-up visit included December noted no significant change in the overall physical examination. Shockwave therapy was suggested. MRI studies of the cervical spine and lumbar spine were obtained. Degenerative changes were identified. The use of electric shock wave therapy for the right upper extremity was not certified in the preauthorization process. A subsequent request for a TENS device was also not certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION UNIT FOR BILATERAL WRISTS, RIGHT HAND, RIGHT INDEX/MIDDLE FINGER: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommends against using a TENS unit as a primary treatment modality. Based on the clinical documentation provided, the TENS unit is being used as a primary treatment modality and there is no documentation of a previous one-month trial. Furthermore, the physical examination has remained unchanged with the previous 6 months, there is no noted efficacy or utility with the modalities being rendered and considered and the physical examination, there simply is no clinical indication for such a device. Given the above the request is not medically necessary.

**EMG OF BILATERAL UPPER EXTREMITY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** This is an individual who had a repetitive strain injury a number of years ago. Furthermore, previous electrodiagnostic studies have objectified a carpal tunnel syndrome and bilateral CTS surgeries have been completed. There are no noted new injuries, nor any changes in the physical examination reported in the last 6 months. Low Back Complaints ACOEM, there is no subtle neurologic dysfunction or deficits noted that would warrant specific electrodiagnostic assessment. There is insufficient clinical information presented to support this request. Therefore the request is not medically necessary.

**NCV OF BILATERAL UPPER EXTREMITY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** This is an individual who had a repetitive strain injury a number of years ago. Furthermore, previous electrodiagnostic studies have objectified a carpal tunnel syndrome and bilateral CTS surgeries have been completed. There are no noted new injuries, nor any changes in the physical examination reported in the last 6 months. Low Back Complaints ACOEM there is no subtle neurologic dysfunction or deficits noted that would warrant specific electrodiagnostic assessment. There is insufficient clinical information presented to support this request or. Therefore the request is not medically necessary.