

Case Number:	CM14-0056983		
Date Assigned:	07/14/2014	Date of Injury:	01/07/2010
Decision Date:	09/03/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/28/2014

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 patient is a 38-year-old female who has submitted a claim for bilateral shoulder sprain and strain, cervical spine sprain and strain, myospasms, right upper extremity neuropathy, right elbow sprain and strain, carpal tunnel syndrome, and De Quervain's tenosynovitis associated with an industrial injury date of 01/07/2010. Medical records from 04/08/2013 to 04/30/2014 were reviewed and showed that patient complained of persistent pain, swelling, numbness and tingling in the arms and hands. Physical examination of the cervical spine revealed tenderness upon palpation over the right trapezius muscles and limited cervical range of motion secondary to pain. Physical examination of bilateral shoulders revealed tenderness upon palpation of right acromioclavicular joint and limited range of motion (ROM) secondary to pain. Impingement, apprehension, and empty can's tests were positive on the right. Physical examination of the bilateral elbows and forearms revealed palpation of right medial and lateral epicondyle. Positive Tinel's sign on the right was noted. Physical examination of bilateral hands and wrists revealed tenderness over bilateral wrist joints and limited wrist ROM secondary to pain. Tinel's test was positive bilaterally. Phalen's and Finkelstein's tests were positive on the right. Magnetic resonance imaging (MRI) of the right wrist dated 04/26/2012 revealed small fluid collections within second, third and fourth extensor tendon sheaths and small ganglion cyst formation in the volar aspect of the radial styloid. MRI of the cervical spine dated 03/21/2013 revealed C4-5 and C5-C6 disc protrusion, straightening of cervical lordosis, decreased flexion and extension ROM, and slight anterior wedging of the C5/C6 disc. MRI of the right shoulder dated 03/21/2013 revealed AC and glenohumeral arthrosis, fluid/effusion of subscapularis recess, Type 1 acromion, normal variant, and supraspinatus tendinosis. MRI of right elbow dated 03/21/2013 was unremarkable. MRI of left wrist dated 03/22/2013 revealed ganglion versus synovial cyst dorsal to scaphoid. Electromyogram (EMG) and Nerve Conduction Studies (NCV) study of the

upper extremities dated 03/14/2013 was unremarkable. Treatment to date has included physical therapy, steroid injections, and acupuncture. Utilization review dated 04/18/2014 modified the request for TENS-EMS times 12 months -rental to 1 month trial of TENS because medical necessity was established based on the clinical information submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurostimulator Tens- EMS x 12 month rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

Decision rationale: According to CA MTUS Chronic Pain Treatment Guidelines, TENS is not recommended as a primary treatment modality. A trial of one-month home-based TENS may be considered as a noninvasive conservative option. It should be used as an adjunct to a program of evidence-based functional restoration. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. In this case, a one-month trial of TENS treatment was previously approved (04/18/2014). However, the functional outcome, duration, and frequency of TENS treatment, which were all necessary to support continuation of TENS treatment, were not documented. Therefore, the request for Neurostimulator Tens- EMS x 12 month rental is not medically necessary.