

Case Number:	CM14-0093029		
Date Assigned:	07/25/2014	Date of Injury:	03/13/2001
Decision Date:	08/28/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/19/2014

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 Plastic Surgery, and is licensed to practice in Oregon. 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:

This female has severe ulnar neuritis following cubital tunnel release. She has undergone several operations to try and diminish pain but her pain persists. She is taking 8-12 tabs 15 mg Morphine daily. She has tried Butrans Patch, but does better with Morphine. Exam reveals, unusual changes in ulnar side of forearm with blotchy skin; normal blood supply to the area; exquisitely tender around median epicondyle; no sensation in the ulnar nerve distribution; 5 mm 2 point discrimination in median nerve distribution; weakness in intrinsic muscles of the fingers; lateral chuck pinch on the abnormal left side is 3 pounds and 11 pounds on the right; 3 chuck pinch on the left is 3 pounds and 12 pounds on the right; grip strength on the left is 5 pounds versus 40 pounds on the right.

IMR ISSUES, DECISIONS AND RATIONALES

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

Peripheral Nerve Stimulation of Ulnar Nerve: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS). Decision based on Non-MTUS Citation Blue Cross Blue Shield, 2004; Aetna 2005.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS) Page(s): 114.

Decision rationale: MTUS does not specifically address Peripheral Nerve Stimulation. However, MTUS does support a trial of TENS as follows: Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive, conservative option if used as an adjunct to a program of evidence-based functional restoration. This patient has had several operations, had therapy and is currently seeing a pain specialist. A trial of peripheral nerve stimulation is warranted as all other interventions to date have failed to manage her pain.