

Case Number:	CM14-0003876		
Date Assigned:	02/10/2014	Date of Injury:	10/25/2013
Decision Date:	03/03/2015	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 injured worker is a 28 year old female with date of injury of October 25, 2013. Results of the injury include neck pain, left elbow pain, and anxiety and depression. Diagnosis include residual left cubital tunnel syndrome, status post cubital tunnel release and chronic cervical strain. Treatment has included Norco, Zofran, sling, physical therapy, chiropractic therapy, acupuncture, and biofeedback. X-rays of the left shoulder are within normal limits. X-rays of the left elbow are within normal limits. X-rays of the cervical spine revealed a reversal of the normal cervical lordosis. Disc height have been maintained. Magnetic Resonance Imaging dated January 9, 2014 was noted as unremarkable. Progress report dated January 15, 2015 showed positive forward head posture with positive muscle spasm and a positive cervical spine. There was positive elbow tenderness. Work status was noted as modified. Treatment plan was to include a non steroidal anti-inflammatory, muscle relaxant, and brace. Utilization review form dated December 17, 2013 non certified neuromuscular stimulator rental for 3 month, electrodes, and conductive garment due to noncompliance with ACOEM and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEUROMUSCULAR STIMULATOR RENTAL FOR 3 MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation, Transcutaneous electrotherapy Page(s): 54, 114-16, 118-20. Decision based on Non-MTUS Citation Pain, TENS chronic pain (transcutaneous electrical nerve stimulation)

Decision rationale: MTUS states regarding TENs unit, '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, for the conditions described below.' For pain, MTUS and ODG recommend TENS (with caveats) for neuropathic pain, phantom limb pain and CRPSII, spasticity, and multiple sclerosis. The medical records do not indicate any of the previous diagnoses. ODG further outlines recommendations for specific body parts: Low back: Not recommended as an isolated intervention. Knee: Recommended as an option for osteoarthritis as adjunct treatment to a therapeutic exercise program. Neck: Not recommended as a primary treatment modality for use in whiplash-associated disorders, acute mechanical neck disease or chronic neck disorders with radicular findings. Ankle and foot: Not recommended. Elbow: Not recommended. Forearm, Wrist and Hand: Not recommended. Shoulder: Recommended for post-stroke rehabilitation. The treating physician provides no documentation of any diagnosis for which this treatment would be medically recommended by MTUS or ODG. As such the request for neuromuscular stimulator x3 months is deemed not medically necessary.

ELECTRODES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation, Transcutaneous electrotherapy Page(s): 54, 114-16, 118-20. Decision based on Non-MTUS Citation Pain, TENS chronic pain (transcutaneous electrical nerve stimulation)

Decision rationale: MTUS states regarding TENs unit, '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, for the conditions described below.' For pain, MTUS and ODG recommend TENS (with caveats) for neuropathic pain, phantom limb pain and CRPSII, spasticity, and multiple sclerosis. The medical records do not indicate any of the previous diagnoses. ODG further outlines recommendations for specific body parts: Low back: Not recommended as an isolated intervention. Knee: Recommended as an option for osteoarthritis as adjunct treatment to a therapeutic exercise program. Neck: Not recommended as a primary treatment modality for use in whiplash-associated disorders, acute mechanical neck disease or chronic neck disorders with radicular findings. Ankle and foot: Not recommended. Elbow: Not recommended. Forearm, Wrist and Hand: Not recommended. Shoulder: Recommended for post-stroke rehabilitation. The request

for a neuromuscular stimulator was deemed not medically necessary due to the individual having no appropriate diagnosis for its use. Equipment required for the use of the neuromuscular stimulator serves no medical purpose without the stimulator. As such the request for electrodes is deemed not medically necessary.

CONDUCTIVE GARMENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation, Transcutaneous electrotherapy Page(s): 54, 114-16, 118-20. Decision based on Non-MTUS Citation Pain, TENS chronic pain (transcutaneous electrical nerve stimulation)

Decision rationale: MTUS states regarding TENS unit, '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, for the conditions described below.' For pain, MTUS and ODG recommend TENS (with caveats) for neuropathic pain, phantom limb pain and CRPSII, spasticity, and multiple sclerosis. The medical records do not indicate any of the previous diagnoses. ODG further outlines recommendations for specific body parts: Low back: Not recommended as an isolated intervention. Knee: Recommended as an option for osteoarthritis as adjunct treatment to a therapeutic exercise program. Neck: Not recommended as a primary treatment modality for use in whiplash-associated disorders, acute mechanical neck disease or chronic neck disorders with radicular findings. Ankle and foot: Not recommended. Elbow: Not recommended. Forearm, Wrist and Hand: Not recommended. Shoulder: Recommended for post-stroke rehabilitation. The request for a neuromuscular stimulator was deemed not medically necessary due to the individual having no appropriate diagnosis for its use. Equipment required for the use of the neuromuscular stimulator serves no medical purpose without the stimulator. As such the request for a conductive garment is deemed not medically necessary.