

<b>Case Number:</b>	CM15-0089664		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	06/24/2013
<b>Decision Date:</b>	06/15/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 49-year-old female who sustained an industrial injury on 06/24/2013. The injured worker was diagnosed with cervical spinal stenosis, cervical disc displacement without myelopathy, and cervical spondylosis without myelopathy, bilateral carpal tunnel syndrome, adhesive capsulitis right shoulder and cervicgia. Treatment to date includes diagnostic testing, modified activity and work duties, physical therapy, hand therapy, acupuncture therapy, splinting, home exercise program, three cortisone injections to the right shoulder, right carpal tunnel injection, and medications. Cervical magnetic resonance imaging (MRI) was dated Aug 14, 2014. According to the primary treating physician's progress report on March 25, 2015, the injured worker continues to experience bilateral hand pain, numbness, and neck and right shoulder pain. Examination of the cervical spine demonstrated mild limitations in range of motion with paracervical tenderness and positive Spurling's with left lateral rotation reproducing symptoms in the right arm. Lhermitte's was negative. Right shoulder noted a mild positive Hawkins with decreased strength and range of motion. Negative Neer's and O'Brien's tests were noted. Elbow examination was within normal limits. Hand and wrist examination noted full range of motion, positive carpal tunnel Durkan's compression test; positive Phalen's and negative Tinel's sign. Hand sensation was subjectively decreased in the thumb, index and long finger. Motor was intact. A left carpal tunnel injection with ultrasound was administered at the office visit. Current medications were noted as non-steroidal anti-inflammatory drugs (NSAIDs). Treatment plan consists of transferring care to pain management and the current request for Saunders cervical home traction and a home transcutaneous electrical nerve stimulation (TEN's) unit.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Home TENS unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS and 113-115.

**Decision rationale:** According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. The length of use was not specified. Indefinite use with a purchase is not recommended. The claimant had undergone several modalities including iontophoresis, acupuncture, therapy and injections. The request for a TENS unit is not medically necessary.

**Saunders cervical home traction:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

**Decision rationale:** According to the guidelines, traction is not recommended due to lack of evidence to support its use. In this case, the claimant has undergone acupuncture iontophoresis, therapy and medications, which have more benefit than traction. The request for a traction unit is not medically necessary.