

Case Number:	CM15-0235672		
Date Assigned:	12/11/2015	Date of Injury:	11/30/2009
Decision Date:	01/20/2016	UR Denial Date:	11/24/2015
Priority:	Standard	Application Received:	12/02/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 63-year-old who has filed a claim for chronic neck, elbow, and wrist pain reportedly associated with an industrial injury of November 30, 2009. In a Utilization Review report dated November 24, 2015, the claims administrator failed to approve requests for a cervical collar, a TENS unit with associated electrodes, and elbow braces for the bilateral elbows. The claims administrator referenced a November 12, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On a work status report dated July 2, 2015, the claimant was placed off work. Multifocal complaints of elbow, shoulder, finger, hand, and wrist pain were reported. Lidoderm patches were prescribed. On March 24, 2015, the claimant underwent trigger finger release surgery involving the right index and middle fingers. On a handwritten note dated November 12, 2015, difficult to follow, not entirely legible, the applicant reported ongoing issues with elbow, wrist, and neck pain. The note was very difficult to follow, handwritten, and not altogether legible. The applicant was having difficulty sleeping secondary to pain complaints, the treating provider reported. The stated diagnoses were those of carpal tunnel syndrome, tennis elbow, and cervical strain. A cervical collar, a semi-rigid elbow splint, and a TENS unit were all seemingly endorsed while the applicant was placed off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical semi rigid collar with T extension: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, Summary.

Decision rationale: No, the request for a semi-rigid cervical collar was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 181, usage of a cervical collar for more than 1-2 days is deemed "not recommended." The MTUS Guideline in ACOEM Chapter 8, page 175 further notes that prolonged usage of collars may contribute to weakness and/or debilitation. Here, the attending provider failed to furnish a clear or compelling rationale for provision of a collar in the face of the unfavorable ACOEM position(s) on the same. Therefore, the request was not medically necessary.

TENS (Transcutaneous Electrical Nerve Stimulation) unit with electrodes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: Similarly, the request for a TENS unit [purchase] with provision of associated electrodes was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, provision of a TENS unit on a purchase basis should be predicated on evidence of a favorable outcome during an earlier 1-month trial of the same, with beneficial outcomes present in terms of both pain relief and function. Here, however, the attending provider seemingly prescribed and/or dispensed the device in question on November 12, 2015, without having the applicant undergo the prerequisite 1-month trial of the same suggested on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

ROM elbow brace for bilateral elbows: Overturned

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007.

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Lateral Epicondylalgia.

Decision rationale: Finally, the request for bilateral elbow brace(s) was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 10, Table 3, page 25, tennis elbow bands are deemed "recommended" as methods of symptom control for applicants with lateral epicondylalgia. Here, the attending provider stated on his handwritten November 12, 2015 office visit that the applicant did carry a diagnosis of bilateral tennis elbows. Introduction of the elbow braces or elbow supports in question was indicated to ameliorate the same and was in-line with the MTUS Guideline in ACOEM Chapter 10, Table 3, page 25. Therefore, the request was medically necessary.