

<b>Case Number:</b>	CM13-0064603		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	06/04/2010
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 42-year-old female was reportedly injured on June 4, 2010. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated December 5, 2013, indicated that there were ongoing complaints of low back pain and bilateral wrist pain with numbness and tingling in the fingers of both hands. The physical examination demonstrated tenderness of the right trapezius and trigger areas as well as moderate tenderness of the right paracervical musculature. There was decreased cervical spine range of motion secondary to spasticity and pain. Examination of the wrists noted severe tenderness at the volar and dorsal aspects. There was a positive Tinel's sign on the right side and full wrist range of motion. Examination of the lumbar spine noted tenderness at the L4-L5 region as well as the bilateral posterior superior iliac spine. There was slightly decreased lumbar spine range of motion. There was a normal neurological examination of the lower extremities. Prior EMG and nerve conduction studies of the bilateral upper extremities were normal. A psychiatric referral was recommended and participation in a functional restoration program was pending. Duragesic patches and Flexeril were prescribed. There was also a recommended continuation with a home exercise program. A request was made for an electrode glove and sleeve and was not certified in the per-authorization process on October 30, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ELECTRODE GLOVE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines History and physical examination Page(s): 6.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-116 of 127.

**Decision rationale:** The request for an electrode glove or sleeve is not medically necessary. Furthermore, it was unclear what pathology was intended to be treated with, as there was a normal upper extremity neurological examination, with the exception of a positive Tinel's test of the right wrist. There was a normal EMG and nerve conduction study of the bilateral upper extremities. Considering this, the request for an electrode glove is not medically necessary.

**ELECTRODE SLEEVE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines History and physical examination Page(s): 6.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-116 of 127.

**Decision rationale:** The request for an electrode glove or sleeve is not medically necessary. Furthermore, it is unclear what pathology was intended to be treated with, as there is a normal upper extremity neurological examination with the exception of a positive Tinel's test of the right wrist. There were a normal EMG and nerve conduction study of the bilateral upper extremities. Considering this, the request for an electrode sleeve is not medically necessary.