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| Case Number: | CM14-0167526 | | |
| Date Assigned: | 10/24/2014 | Date of Injury: | 07/23/2014 |
| Decision Date: | 12/17/2014 | UR Denial Date: | 10/01/2014 |
| Priority: | Standard | Application Received: | 10/10/2014 |

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in Maryland. 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 employee was a 38 year old female who sustained an industrial injury on 07/23/14. An x-ray of the right shoulder from Sept 16, 2014 showed calcific tendinosis and a right elbow x-ray and right wrist x-ray at the same time were unremarkable. The visit note from 08/20/14 was reviewed. Her mechanism of injury was repetitive work causing right shoulder, right arm and right hand/wrist pain. Her initial evaluation and treatments included x-rays, physical therapy and medications. Her complaints were right shoulder pain radiating down to her hand and fingers, dull aching pain in her right elbow and right wrist pain. Pertinent examination findings included decreased range of motion of right shoulder, 3+ tenderness over the AC joint on right, positive impingement test, Apley's test and Neer's test, tenderness over coracoid process, bicipital groove, deltoid bursae and decreased muscle strength of 3/5 over the right shoulder. She also had positive tenderness over the right epicondyle, positive Tinel's sign over the right cubital tunnel region, good range of motion of elbow, positive Finkelstein's test on the right and normal wrist range of motion. Diagnoses included right shoulder tendinitis, impingement syndrome, right lateral epicondylitis, right wrist De Quervain's syndrome and right trapezius strain. The request was for right elbow brace for support and [REDACTED] stimulator with garments.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] **stimulator with garments:** Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

Decision rationale: The Chronic Pain Guidelines indicate that TENS units can be used in the treatment of chronic intractable pain in individuals who have failed to improve with other appropriate pain modalities including analgesic medications. There has to be documentation of pain for at least three months duration. The guidelines recommend a one month trial of TENS unit before a purchase is requested. A form fitting TENS device like the [REDACTED] stimulator with garments is only considered medically necessary when there is documentation that there is such a large area that requires stimulation that a conventional system cannot accommodate the treatment, that the patient has medical conditions such as skin pathology that prevents use of the traditional system. A review of the submitted medical records provides no evidence that she has had pain for longer than 3 months. She is only two months from the date of injury. She has also not had a trial of TENS unit for a month and has no specific conditions that would necessitate a form fitting device. The request for [REDACTED] stimulator with garments is not medically necessary or appropriate.

Elbow brace: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 26.

Decision rationale: According to ACOEM guidelines, in patients with epicondylalgia, even though there is insufficient evidence to support the use of tennis elbow bands, braces or straps, they are recommended. The employee had lateral epicondylitis symptoms and signs. Hence, the request for elbow brace is medically necessary and appropriate.