

Case Number:	CM14-0090131		
Date Assigned:	07/23/2014	Date of Injury:	07/28/2011
Decision Date:	09/25/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/17/2014

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 Family Medicine and is licensed to practice in California. 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 injured worker is a 35 year old female who sustained injury to her left upper extremity on 07/28/11. The mechanism of injury was not documented. The injured worker was status post right carpal tunnel release dated 07/16/13 and left carpal tunnel release in January of 2014. Post-operative physical therapy was provided. Electromyogram/nerve conduction velocity of the bilateral upper extremities dated 02/18/14 revealed no electrical evidence of right carpal tunnel syndrome, ulnar neuropathy at right cubital tunnel or Guyon's canal, cervical radiculopathy or brachioplexopathy affecting C5 through T1 lower motor nerve fibers of the right upper extremity, cervical paraspinals or diabetic peripheral neuropathy. Progress report dated 05/21/14 was handwritten and difficult to decipher Physical examination noted severe, frequent and constant, sharp pain with associated numbness/weakness. Physical examination of the right elbow noted positive bent elbow test; positive Tinel's sign; tenderness to palpation of immediate medial epicondyle; decreased range of motion with flexion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Conductive garment/conductive glove and elbow sleeve: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online version, Durable medical equipment.

Decision rationale: Current evidence based guidelines state that an appropriate trial should include documentation of how often the unit was used, outcomes in terms of pain relief with function and other ongoing pain treatment during trial, including medication usage. Therefore, the request was modified for a one month trial of standard transcutaneous electrical nerve stimulation unit without the requested conductive garment, so that the above mentioned criteria can clearly document ongoing use. After reviewing the submitted clinical documentation, there was no additional significant clinical information provided that would support reverse of the previous adverse determination. Given this, the request for conductive garment/conductive glove and elbow sleeve is not indicated as medically necessary.