

<b>Case Number:</b>	CM14-0219027		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	08/30/2011
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 53 year old female suffered an industrial injury on 8/30/11, with subsequent chronic burning in bilateral upper extremities associated with weakness, numbness and tingling, poor dexterity and pain that radiated from the elbows into the hands. Treatment included right ulnar nerve decompression with medial epicondylectomy and medications. Work status was modified with restrictions from activities requiring repetitive use of upper extremities. Current diagnoses included bilateral ulnar neuropathies, mild bilateral carpal tunnel syndrome and cervical thoracic musculoskeletal strain. In a follow-up report dated 11/20/14, physical exam was remarkable for tenderness to the anterior of the right medial epicondyle, over the left cubital tunnel, through the paracervical region bilateral, both rhomboid major muscles, mild tenderness over both carpal tunnels and minimal tenderness over bilateral Guyon's canal. Strength was preserved in both upper extremities. Sensation to light touch was decreased in both small fingers and ring fingers. Tinel sign over the left cubital tunnel and right ulnar nerve were positive. Elbow flexion and cubital tunnel compression were positive bilaterally. The treatment plan included steroid injection to the right cubital tunnel, bilateral elbow immobilizers, medications (Voltaren 100mg daily, Protonix 20 mg twice a day, Ultracet 37.5/325 mg four times a day, Neurontin 600 mg twice a day), and a muscle stimulator. On 12/22/14, Utilization Review noncertified a request for 3 months rental of Muscle Stimulator Unit between 12/18/14 and 3/18/15 citing CA MTUS, 9792.23.3 Elbow disorders, 9297.23.4, Forearm, Wrist and Hand Complaints and 9792.24.2 Chronic Pain Medical Treatment Guidelines.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **3 Months Rental of Muscle Stimulator Unit: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116. Decision based on Non-MTUS Citation Elbow (Acute & Chronic) Chapter under Electrical stimulation (E-STIM)

**Decision rationale:** The patient is a 52 year old female with an injury date of 08/30/11. Based on the 11/20/14 progress report provided by treating physician, the patient complains of chronic bilateral upper extremity pain, with weakness, numbness and tingling that radiates from the elbows into the hands, and to shoulders and neck. The request is for 3 MONTHS RENTAL OF MUSCLE STIMULATOR UNIT. The patient is status post right ulnar nerve decompression with medial epicondylectomy 06/13/14. Patient's diagnosis on 11/20/14 includes bilateral ulnar neuropathies, mild bilateral carpal tunnel syndrome, and cervical thoracic musculoskeletal strain. The patient is working modified duty. ODG-TWC, Elbow (Acute & Chronic) Chapter under Electrical stimulation (E-STIM) states: "Not recommended. Despite the large number of studies, there is still insufficient evidence for most physiotherapy interventions for lateral epicondylitis due to contradicting results, insufficient power, and the low number of studies per intervention (Smidt, 2003)." According to MTUS guidelines on the criteria for the use of TENS in chronic intractable pain:(p114-116) "a one-month trial period of the TENS unit should be documented (as an adjunct to other treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function during this trial." Treater has not provided reason for the request, nor specified type of unit, or how it would be used for what body part. In this case, ODG does not recommend electrical stimulation to the elbow. Furthermore, if treater's intent was rental of a TENS unit, the request for a one month trial would be indicated for the patient's upper extremity neuropathies. However, the request for 3 months rental would exceed guideline allowance of one month trial. Therefore, muscle stimulator unit rental IS NOT medically necessary.