

Case Number:	CM15-0017075		
Date Assigned:	02/03/2015	Date of Injury:	01/29/2010
Decision Date:	03/30/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/27/2015

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: 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:

The injured worker is a 48 year old male, who sustained an industrial injury on 1/29/2010. The current diagnoses are status post carpal tunnel release of the right wrist (3/8/2014) and status post carpal tunnel release of the left wrist (2005). Currently, the injured worker complains of pain in the right wrist with a numbness and tingling sensation to the hands that shoots up the arms. He reports that his hands shake with increased gripping, such as holding the steering wheel or lifting objects. Treatment to date has included physical therapy and surgery. The treating physician is requesting purchase of tennis elbow band support and inferential unit for home use, which is now under review. On 1/13/2015, Utilization Review had non-certified a request for purchase of tennis elbow band support and inferential unit for home use. The California MTUS Chronic Pain and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Tennis Elbow Band Support: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 20.

Decision rationale: This patient presents with moderate right and mild left ulnar nerve entrapment at both elbow. The patient's status is post-surgery for carpal tunnel release left wrist from 2005, carpal tunnel release right wrist on 03/08/14, and lumbar spine laminectomy/microdiscectomy on 07/31/14. The request is for purchase of tennis elbow band support. RFA date is not available. The patient's work status is total temporary disability per 10/17/14 report. EMG and NCV findings of upper extremities dated 12/17/14 showed abnormal due to bilateral carpal tunnel syndrome. Regarding elbow band support, ACOEM Practice Guidelines, 2nd Edition (Revised 2007), Chapter 10, page 20 states while discussing lateral epicondylitis, "Conservative care often consists of activity modification using epicondylalgia supports (tennis elbow bands), and NSAIDs with standard precautions on potential side effects. In this case, the patient is diagnosed with bilateral ulnar nerve entrapment at both elbow and complains frequent pain and numbness of both hands per 12/17/14 report but there is no diagnosis of epicondylitis for which elbow band may be indicated. There is no support for the use of elbow band for ulnar neuropathy that this patient suffers from. The request IS NOT medically necessary.

Purchase of Interferential Unit for Home Use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: This patient presents with moderate right and mild left ulnar nerve entrapment at both elbow. The patient's status is post-surgery for carpal tunnel release left wrist from 2005, carpal tunnel release right wrist on 03/08/14, and lumbar spine laminectomy/microdiscectomy on 07/31/14. The request is for purchase of interferential unit for home use. RFA date is not available. The patient's work status is total temporary disability per 10/17/14 report. MTUS pages 118 to 120 states that Interferential Current Stimulation (ICS) are not recommended as an isolated intervention. MTUS further states, "While not recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway." It may be appropriate if pain is not effectively controlled due to diminished effectiveness or side effects of medication; history of substance abuse, significant pain due to postoperative conditions; or the patient is unresponsive to conservative measures. A one month trial may be appropriate if the above criteria are met. In this case, the treater has not discussed reason for the request but review of progress reports shows status of post-surgery for carpal tunnel release of bilateral wrists. The patient had 10 physical therapy visits between 10/07/14-11/11/14 and the treater states "discontinue physical therapy since it has not been improving his symptoms" per 10/17/14 report. It appears the patient has not been responsive to conservative measures. However, there is no discussion of medication use or history of substance abuse. Furthermore, there is no evidence of 30-day home trial demonstrating pain and functional improvement. The request IS NOT medically necessary.

