

Case Number:	CM15-0127625		
Date Assigned:	07/14/2015	Date of Injury:	04/30/2008
Decision Date:	08/11/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	07/01/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 woman sustained an industrial injury on 4/30/2008. The mechanism of injury is not detailed. Diagnoses include discogenic cervical condition with facet inflammation and radiculopathy down the right upper extremity, right rotator cuff tear, right medial and lateral epicondylitis, ulnar neuritis, median nerve neuritis of the wrist, wrist joint inflammation with intrinsic dysfunction, and chronic pain syndrome. Treatment has included oral and topical medications. Physician notes dated 3/23/2015 show complaints of neck and right shoulder pain, wrist pain and swelling, and tightness in the hands. Recommendations include avoid repetitive use of the right upper extremity, Tramadol, Protonix, Naproxen, LidoPro, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a four lead transcutaneous electrical nerve stimulator with conductive garment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

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

Decision rationale: This claimant was injured 7 years ago, and was diagnosed with a discogenic cervical condition with facet inflammation and radiculopathy down the right upper extremity, right rotator cuff tear, right medial and lateral epicondylitis, ulnar neuritis, median nerve neuritis of the wrist, wrist joint inflammation with intrinsic dysfunction, and chronic pain syndrome. Treatment has included oral and topical medications. As of March, there was neck and right shoulder pain, wrist pain and swelling, and tightness in the hands. A TENS trial is not noted with functional objective improvement outcomes. The MTUS notes that TENS is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005) Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985) Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005) Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. (Miller, 2007) I did not find in these records that the claimant had these conditions that warranted TENS. Also, an outright purchase is not supported, but a monitored one month trial, to insure there is objective, functional improvement. In the trial, there must be documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. There was no evidence of such in these records. The request is not medically necessary. As the device itself is non-certified, there is no need for a conductive garment.

Fluoroscopy evaluation of the right elbow QTY: 1.00: Upheld

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): 238.

Decision rationale: This claimant was injured 7 years ago, and was diagnosed with a discogenic cervical condition with facet inflammation and radiculopathy down the right upper extremity, right rotator cuff tear, right medial and lateral epicondylitis, ulnar neuritis, median nerve neuritis of the wrist, wrist joint inflammation with intrinsic dysfunction, and chronic pain syndrome. Treatment has included oral and topical medications. As of March, there is neck and right shoulder pain, wrist pain and swelling, and tightness in the hands. Past imaging of the right elbow is not noted. The California-MTUS ACOEM guides, Chapter 10 for the Elbow on page 238, note the following criteria for elbow imaging studies: Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; For most patients presenting with true elbow problems, special studies are not needed unless a four week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided red flag conditions are ruled out. There are a few exceptions: In this case, fluoroscopy of a joint is not an initial test to

evaluate the joint; plain film studies were not provided, or the outcomes of such. The request is not medically necessary.