

Case Number:	CM15-0171745		
Date Assigned:	09/14/2015	Date of Injury:	12/02/2002
Decision Date:	10/14/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/31/2015

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:

The injured worker is a 52 year old female who sustained an industrial injury December 2, 2002. Past treatment included cortisone injection right shoulder and physical therapy. According to a primary treating physician's progress report, dated July 17, 2015, the injured worker presented with continued complaints of pain, burning and throbbing over the right upper extremity, especially at the wrist, hand, forearm, and elbow area, left wrist and hand pain, depression and frustration due to pain, right shoulder pain, neck pain with occasional headaches and recurrent intermittent upset stomach, nausea and heartburn due to medication. Current medication included Percocet, Flexeril, Naproxen, Lidoderm patch, Lyrica, Prilosec, and Narcosoft. Physical examination revealed; tearful and appeared depressed; right elbow- moderately tender over the extensor aspect, with point tenderness over the lateral epicondyle (injured worker wearing an elastic sleeve from the shoulder down to the hand area on the right upper extremity), puffiness over the olecranon and medial condyle region, right elbow flexion and extension is full but done slowly due to pain; right shoulder- impingement sign negative, inspection negative, and tenderness to palpation of the shoulder joint; wrists and hands-slight swelling of the fingers with guarding, right hand dyesthesia of the right upper extremity to light touch especially over the dorsum, forearm, and finger area, range of motion limited due to pain; gait is normal; keeps right arm adducted against her chest and body, guarding it when she walks. There is altered sensation in all digits of the right hand with dysesthesia. Hypersensitive on the right compared to the left where sensation is more normal. Diagnoses are tendonitis of both wrists, hands, and elbows, right worse than left, status post right carpal tunnel release September 2003

and left January 2004; possible reflex sympathetic dystrophy, right upper extremity; right greater than left cervical strain with cervicogenic headaches; frozen right shoulder; secondary GERD (gastroesophageal reflux disease), due to use of pain medication. Treatment plan included continued medication, pending rescheduling of an MRI of the right shoulder, pain psychology consultation scheduled, apply ice as needed, and at issue, a request for authorization for OrthoStim supplies. The physician documented the impression of an MRI right shoulder, dated July 8, 2010, as mild tendinosis involving the anterior leading edge of the supraspinatus tendon consistent with intratendinous degenerative changes; no acute tear or rupture of the rotator cuff noted; mild hypertrophic AC joint changes with slight encroachment on the supraspinatus tendon noted; subchondral cystic changes in the humeral head consistent with mild degenerative disc disease. According to utilization review dated August 10, 2015, the request for OrthoStim supplies is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthostim supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: This claimant was injured in 2002. As of July 2015, there were still continued complaints of widespread pain in the right upper extremity depression and frustration due to pain, right shoulder pain, neck pain with occasional headaches and recurrent intermittent upset stomach, and finally, nausea and heartburn due to medication. Diagnoses are tendonitis of both wrists, hands, and elbows, right worse than left, status post right carpal tunnel release September 2003 and left January 2004; possible reflex sympathetic dystrophy, right upper extremity; right greater than left cervical strain with cervicogenic headaches; frozen right shoulder; and reported secondary GERD (gastroesophageal reflux disease), due to use of pain medication. 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. Previous usage of the stimulation unit is implied, as these would be supplemental supplies, however, objective, functional improvement outcomes from previous e-stim efforts are not noted. The amount and types of OrthoStim supplies is not specified. This request is not medically necessary.