

Case Number:	CM15-0174915		
Date Assigned:	09/25/2015	Date of Injury:	10/24/2013
Decision Date:	11/02/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/04/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 45 year old woman sustained an industrial injury on 10-24-2013. Evaluations include undated nerve studies of the bilateral upper extremities showing carpal tunnel syndrome, then repeated in September 2014 and were notes to be unremarkable, and cervical spine MRI dated 5-2015. Diagnoses include discogenic cervical condition with facet inflammation, headaches, and shoulder girdle involvement; bilateral ulnar neuritis; bilateral carpal tunnel syndrome; bilateral wrist joint inflammation with bilateral carpometacarpal inflammation; bilateral shoulder impingement with rotator cuff strain, biceps tendinitis, and acromioclavicular joint inflammation bilaterally; chronic pain syndrome; and an element of depression, insomnia, stress, and anxiety related to orthopedic condition. Treatment has included oral medications, TENS unit, neck pillow, neck traction, bilateral soft and rigid wrist braces, hot and cold wrap, and physical therapy. Physician notes dated 3-10-2015 show complaints of neck pain with spasms and bilateral upper extremity pain resulting in numbness and dropping things. The physical examination shows positive Tinel's sign at the elbows and more so on the right side, hyperflexion test is positive on the left, bilateral carpal tunnel area and facet tenderness is noted, and motion is "satisfactory". Recommendations include hinged elbow brace, urine drug screen, physical therapy, Fenopufen, Venlafaxine, Trazadone, Orphenadrine, Topiramate, Eszopiclone, LidoPro, Norco, Valium, Colace, Gabapentin, and fluoroscopic evaluation of left elbow and wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hinged elbow brace: 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 (Acute & Chronic) (updated 06/23/15), Splinting (padding).

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow- Splinting (padding).

Decision rationale: Hinged elbow brace is not medically necessary per the MTUS Guidelines and the ODG. The MTUS and the ODG states that for ulnar neuritis elbow padding can be used but there is insufficient or irreconcilable for this. There is no discussion of hinged elbow bracing in the MTUS or the ODG for this condition. The EMG/NCS did not reveal evidence of ulnar neuropathy. There is no clear rationale why elbow padding cannot be used for the patient's condition, which was diagnosed as ulnar neuritis. The request for a hinged elbow brace is not medically necessary.

Fluoroscopy of the neck: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck and Upper Back (Acute & Chronic) (updated 06/25/15), Fluoroscopy (for ESI's).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: Fluoroscopy of the neck is not medically necessary per the MTUS Guidelines. The MTUS states that in regards to epidural injections, they should be performed using fluoroscopy (live x-ray) for guidance. The request for fluoroscopy of the neck is not medically necessary as it is unclear that this is being requested with a cervical epidural injection. This request is not medically necessary.

Stimulators conductive garment: 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: Stimulators conductive garment is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing 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. The guidelines state that a TENS unit can be used for neuropathic pain; CRPS; MS; spasticity; and phantom limb pain. The documentation is not clear that prior TENS use has resulted in increased function therefore the request for a stimulator conductive garment is not medically necessary.