

Case Number:	CM15-0093680		
Date Assigned:	05/20/2015	Date of Injury:	07/01/2013
Decision Date:	06/19/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	05/14/2015

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: 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 39 year old female who sustained a work related injury July 1, 2013. While lifting a mattress, using her left hand/arm, she developed pain in her left elbow. Past history included left lateral epicondyle release May, 2014. According to a physician's progress report, dated February 20, 2015, the injured worker presented for evaluation of pain and numbness in her left elbow, forearm, wrist and fingers. She reports feeling well after surgery but when she was in physical therapy in November 2014, she began to experience the same elbow pain she had prior to surgery with numbness. Her left wrist was hyper extended while her left elbow was in flexed and pronated position. Her left arm and forearm are slightly tender to touch. There is contraction of her fingers and she cannot move her left hand and wrist. There is significant spasm and contracture of the left wrist and all five fingers. Diagnoses are left wrist sprain/strain; left elbow myofascitis; left shoulder internal derangement; left wrist internal derangement; left flexors and left carpal sprain strain. At issue, is the request for authorization for a one-month home-based trial of Neurostimulator TENS-EMS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment (DME) neurostimulator TENS-EMS (transcutaneous electrical nerve stimulation-electrical muscle stimulation) for the left elbow (1 month home base trial): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 113-117.

Decision rationale: MTUS Guidelines support a 30 day trial of a usual and customary TENS unit, however the Guidelines do not support combination units with TENS plus other stimulation patterns that are not Guideline supported. Electrical muscle stimulation is not supported by Guidelines unless it is used short-term post a stroke or post surgery when an extremity cannot be moved due to casting or nerve damage. These circumstances do not apply to this individual. The request for the combination DME neurostimulator TENS-EMS for the left elbow is not supported by Guidelines and is not medically necessary.