

Case Number:	CM13-0005690		
Date Assigned:	12/18/2013	Date of Injury:	11/08/2011
Decision Date:	01/31/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/01/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in New York and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 36-year-old female who reported an injury on 11/08/2011. The mechanism of injury was being grabbed by the wrists with subsequent pulling. The initial course of care is unclear; however, the patient did receive a cubital tunnel release to the right elbow on 03/21/2013. Other previous surgeries include a right knee arthroscopy, right ankle surgery, abdominoplasty, appendectomy, C-section times 3, right wrist surgery times 2, and a tubal ligation, all on unknown dates. The patient is known to have received an unknown amount of physical therapy during 04/2013 and is noted to have returned to the physician for exacerbation of right wrist, right elbow and right shoulder pain. The medical records included an MRI of the right shoulder that revealed supraspinatus tendinosis, biceps tenosynovitis, osteoarthropathy of the AC joint and minimal glenohumeral joint effusion. An MRI of the right wrist was positive for a metallic artifact correlating with the patient's surgical history. An MRI of the right elbow reported no abnormal findings. On 06/16/2013, the patient received an EMG and NCS of the bilateral upper extremities, both of which had normal results. The most current clinical note included for review is dated 07/10/2013, which stated that the patient experienced pain with light activity and moderate pain at rest. This pain is located in her right wrist and radiates down to the fingers, right elbow that radiates up to the shoulder and down to the wrist, and right shoulder pain that radiates to the neck and down the arm. It is also reported on this note that the patient has received past sessions of chiropractic care and acupuncture with relief. Other comments on the note state that the patient's daily activities are slightly improving. The TENS unit was helping to increase range of motion with a decrease in muscle spasms. There were no other recent clinical notes submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

NIOSH TESTING EVERY 60 DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Measures Page(s): 48.

Decision rationale:

THERAPY-PHYSICAL MEDICINE 1X4, BODY PARTS TO BE TREATED NOT CLEAR: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale:

ACUPUNCTURE-FREQUENCY AND DURATION NOT CLEAR, BODY PARTS TO BE TREATED NOT CLEAR:

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Guidelines state that acupuncture can be used as an option when pain medications are reduced or not tolerated and may be used as an adjunct to physical therapy. Guidelines recommend 3 to 6 treatments to produce functional improvement, with treatments being extended if functional improvement is documented. The medical records submitted for review have been recording the patient's chronic pain for a period of over 3 months. As acupuncture can be used to reduce pain, this treatment modality would be appropriate. However, the current request does not specify the duration of the anticipated acupuncture treatments. As such, guideline compliance cannot be determined, and the request for acupuncture (frequency and duration not clear; body parts to be treated not clear) is non-certified

TENS UNIT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 113-115.

Decision rationale: The California MTUS Guidelines do not recommend a TENS unit as a primary treatment modality, but a 1 month, home-based TENS trial may be considered as a noninvasive, conservative option if used as an adjunct to physical therapy. The guideline-approved conditions that are suitable for the use of TENS include neuropathic pain, phantom limb pain, CRPS II, spasticity and multiple sclerosis. Although the clinical note dated 07/10/2013 mentioned that the patient's muscle spasms were decreased with the use of TENS, there is no objective evidence on any of the prior records indicating that the patient suffered from muscle spasms. There were also no other diagnoses indicating that she falls into any of the approved categories for the use of TENS. Furthermore, criteria for the use of TENS include documentation of pain of at least 3 months of duration; evidence that other appropriate pain modalities have been tried and failed, including medications; a 1 month trial of a TENS must be documented with how often the unit was used, outcomes in terms of pain relief and function, and proof of an adjunct physical therapy program; documentation of decreased medication usage during the trial period; and a treatment plan including short and long-term goals which should be submitted with the request. The patient's prior attempts at pain control, including chiropractic care and acupuncture, were noted to have provided relief; and there was no documentation that the patient is utilizing any medications to control pain. There was also no documentation on how often the TENS unit is being utilized, and no goals for treatment were submitted with the request. As such, the request for a TENS unit is non-certified.