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| Case Number: | CM13-0031462 | | |
| Date Assigned: | 12/04/2013 | Date of Injury: | 05/06/2009 |
| Decision Date: | 01/29/2014 | UR Denial Date: | 09/05/2013 |
| Priority: | Standard | Application Received: | 10/03/2013 |

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 Occupational Medicine and is licensed to practice in California. 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 53-year-old injured worker with a date of injury of 5/6/09, to their low back while working. The patient was treated with therapy and medications including Ultram 50mg, Volatren XR 100mg, Advil and Aleve. The treating physician's note on 8/27/13, reveals that the patient has low back pain and right wrist pain with decreased lumbar ranges of motion with extension and right lateral rotation; tenderness over the right lumbar paraspinal muscles, facet and SI joint; decreased right iliopsoas muscle strength, (-)SLR; palpable tenderness over the ulnar, radial and dorsal aspect of the right wrist, with decreased right wrist motion with flexion/extension, (+)Phalen's and Tinel's, and decreased right grip strength at 4/5. Diagnosis is for low back and wrist pain. The MRI dated 6/17/2013 indicates a possible ligament tear in the wrist bones. There is an appeal for the UR denial, but there is no evidence listed in the appeal other than the MRI showing a ligament tear. MRI in September of 2012, shows a supraspinatus tear. The request is for a Tens unit rental for 30 days and orthopedic consultation for the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit rental for 30 day trial: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines use of TENS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines suggest criteria for TENS unit to include, "...Chronic intractable pain (for the conditions noted above), Documentation of pain of at least three months duration- There is evidence that other appropriate pain modalities have been tried (including medication) and failed, 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; rental would be preferred over purchase during this trial.- Other ongoing pain treatment should also be documented during the trial period including medication usage.- A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted.- A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary" There is documentation from the treating provider that medications have failed. Also, the patient has failed physical therapy and is doing a home exercise program. Criteria include a 30 day trial of TENS, to see if it helps with pain and function. The request for a TENS unit rental for a 30 day trial, is medically necessary and appropriate.

Orthopedic surgeon consultant for right wrist (right wrist is not compensable per CE):
Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

Decision rationale: The California MTUS/ACOEM Guidelines, page 270, states that surgical consultation is appropriate if there is a special study evidence of a lesion that has been shown to benefit from surgery. This patient has an MRI showing ligament tear in the wrist as well as a rotator cuff tear in the shoulder. The patient has failed conservative care as indicated in the medical records. The request for an orthopedic surgeon consultation for the right wrist is medically necessary and appropriate.