

Case Number:	CM13-0035206		
Date Assigned:	12/13/2013	Date of Injury:	07/04/2012
Decision Date:	07/24/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/16/2013

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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in Texas and Mississippi. 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/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 injured worker is a 33 year old male who reported injury to his upper back, left leg/knee, ankle and foot on 07/03/2012 secondary to a motorcycle accident. The injured worker complained of right wrist and back pain on 10/25/12, describing the wrist pain as dull, non-radiating and occurring 100% of the time and it interfered with his ability to grip. Physical examination stated that he was able to extend all fingers fully and touch the palm, there was swelling to the right upper extremity, a diffuse right wrist and positive phalens test. A digital electronic manual muscle test revealed left and right wrist extension, finger flexion, thumb opposition, and thumb flexion all 5/5, small finger flexion on right 5/5 and left 4/5. A computerized data analysis of 2 point sensory testing revealed no abnormalities of the upper extremity. Re-evaluation by physical therapy on 05/01/2013 showed grips of 120 pounds to right and 85 pounds to left. The injured worker had diagnoses of right wrist sprain. He had past treatments of physical therapy. There was no list of medications provided. The treatment plan is for one conductive garment. The request for authorization form was signed and dated 08/13/2013. There is no rationale for the request for one conductive garment.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE CONDUCTIVE GARMENT: 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 transcutaneous electrical nerve stimulation Page(s): 114,116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) forearm, wrist, and hand, TENS (transcutaneous electrical neurostimulation).

Decision rationale: The request for one conductive garment is not medically necessary. The injured worker complained of right wrist and back pain on 10/25/12, describing the wrist pain as dull, non-radiating and occurring 100% of the time and it interfered with his ability to grip. He had past treatments of physical therapy. According to California MTUS, TENS (transcutaneous electrical nerve stimulation) unit is not recommended as a primary treatment modality, however a one month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration for neuropathic, CRPS I and II, and phantom limb pain, spasticity and multiple sclerosis if there is documentation of pain of at least three months duration and there is evidence that other appropriate pain modalities have been tried, including medication, and failed. Official Disability Guidelines (ODG) forearm, wrist, and hand states that it is not recommended as they have no scientifically proven efficacy in the treatment of acute hand, wrist, or forearm symptoms, but are commonly used in physical therapy. There was limited information submitted to determine medical necessity for the request. Therefore, the request for one conductive garment is not medically necessary.