

Case Number:	CM13-0059768		
Date Assigned:	12/30/2013	Date of Injury:	04/13/2013
Decision Date:	06/05/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/02/2013

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 Chiropractic Care 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 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 patient is a 53 year-old female with a date of injury of 9/1/2012 to 4/13/2013. The provider requested one hot pack/ cold pack and one TENS unit. The most recent progress notes document moderate to severe shoulder pain, low back pain, and elbow pain. The diagnoses include lumbar sprain, carpal tunnel syndrome, and acromioclavicular joint sprain. Acupuncture, moxibustion, infrared heat, kinetic activities, cupping, myofascial release, and analgesic patches were recommended. Electrodiagnostic studies (11/11/2013) demonstrated normal EMG of the cervical spine and upper extremities; and abnormal NCV of the upper extremities suggestive of carpal tunnel syndrome. A progress note on date of service 10/23/2013 documents the treatment requests of physical therapy, TENS unit x 6 weeks, and "hot and cold pack/wrap or thermal combo unit."

IMR ISSUES, DECISIONS AND RATIONALES

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

HOT AND COLD PACK AND WRAP FOR SIX (6) WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 298-299,555-556,590-600,263-266.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212.

Decision rationale: The California Medical Treatment and Utilization Schedule does not specifically address hot/cold therapy units. The California Medical Treatment and Utilization Schedule adopts ACOEM Chapter 9 Shoulder Complaints. On page 212 of ACOEM Chapter 9, Table 9-6 "Summary of Recommendations of Evaluating and Managing Shoulder Complaints" recommends "at-home applications of heat or cold packs to aid exercise" as "optional." There is no provision for active heating units, and there have been no studies to demonstrate the superiority of active heating devices versus passive devices. A progress note on date of service 10/23/2013 documents the treatment requests of physical therapy, TENS unit x 6 weeks, and "hot and cold pack/wrap or thermal combo unit." Although heat and cold packs are recommended, the request as written is ambiguous as to whether a thermal unit is being requested. The guidelines support these passive modalities, but the medical necessity of a thermal unit over simpler modes of heat such as a heating pad (or bags of ice in the case of cold packs) is not met. This request is not medically necessary.

TENS (TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION) UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION Page(s): 116.

Decision rationale: The guidelines recommend a one month home based TENS trial when used as an adjunct to an evidence-based functional restoration program. Submitted records do not indicate any treatment plan to start any functional restoration program at home. Further, it is unknown whether a trial of TENS at home with evidence of functional improvement has been initiated. Therefore, the request for one TENS unit is recommended non-certified.