

Case Number:	CM13-0069005		
Date Assigned:	01/03/2014	Date of Injury:	01/10/2012
Decision Date:	04/21/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/20/2013

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 Physical Medicine and Rehabilitation 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 47 year old male who was injured on 01/10/2012. The patient was assaulted by a student where he sustained injuries to the right thumb, wrist, and elbow. Prior treatment history has included an emergency room visit at [REDACTED] where he was examined and x-rays of the right hand and wrist were taken. No fracture was detected. His right hand was placed in a splint; Motrin was prescribed and he was instructed to apply ice and elevation. His treatment history also included medication such as Zolpidem, Zantac, and omeprazole. He has had physical therapy with some improvement; however, when the sessions were completed, the pain worsened. 09/05/2013 Medications Include: Ketoprofen 75 mg capsule SIG: Take 1 daily Omeprazole DR 20 mg Capsule SIG: Take 1 daily Medrox Pain Relief Ointment SIG: Apply to affected area twice a day Diagnostic studies reviewed include: 07/26/2012: X-rays of the right elbow, 2 views, revealed suspicious fracture of the head of radius without significant displacement of fragment; oblique view is suggested for further evaluation. 07/26/2012: X-rays of right wrist, 2 views, revealed a normal study. 07/26/2012: X-rays of right hand, 2 views, revealed a normal study. 06/08/2012: MRI of the right hand revealed no evidence of fractures or dislocations. There are no soft tissue abnormalities; Normal MRI of the right hand including the thumb and index fingers; some of the images show the wrist. There is no evidence of fractures or dislocation. Normal MRI of the right wrist; 140 images reviewed. 06/08/2012: MRI of the right thumb revealed no evidence of marrow edema (or a tear of ligaments or tendons) at the thumb. Close clinical and imaging follow up is recommended however, especially if patient has persistent symptoms; findings compatible with geodes at head of the fourth metacarpal. 04/19/2012: injection into the right thumb did not alleviate the symptoms. 01/19/2012: Electrodiagnostic report revealed electroneurographic findings are indicative of moderate bilateral carpal tunnel syndrome. The left ulnar neuropathy at the elbow was also noted;

Electromyographic indicators of acute cervical radiculopathy were not seen. PR2 dated 11/12/2013 indicated the patient's symptoms to have worsened. Objective findings on exam revealed the right lateral elbow tender to palpation. The medial elbow is tender to palpation; positive Tinel's at the elbow. The right wrist, first metacarpal is tender to palpation; Tinel's sign and Phalen's test are positive; grip strength is reduced; Sensation is reduced in the right wrist. The patient was diagnosed with 1) Right lateral epicondylitis; 2) Right medial epicondylitis with ulnar neuropathy at the elbow; 3) Right wrist sprain; 4) Bilateral moderate carpal tunnel syndrome; 5) Right wrist internal derangement; and 6) Anxiety reaction. PR2 dated 09/05/2013 indicated the patient reported his right thumb pain has been worsening. The patient states that he often feels a lot of pain when trying to do activities where he needs to use his thumb. He states that writing and grading papers intensified the pain. The patient continues to take medication for his pain. Objective findings on exam revealed his right lateral elbow is tender to palpation. His medial elbow is tender to palpation; positive Tinel's at the elbow. His right wrist, first metacarpal is tender to palpation; positive Tinel's and Phalen's; grip strength is reduced; sensation is reduced in the right wrist. PR2 dated 11/04/2012 indicated the patient complained of an occasional slight ache in his right elbow. He presented with constant pain in his right wrist, which was aggravated by all activities involving the right wrist, including grasping and writing. He reported having pain in the base of his right thumb, and in the palmar aspect of his hand to the index finger. He described this as his most severe pain. He also felt a lot of stress. Objective findings on exam revealed tenderness to light skin pressure over the right wrist was noted. There was also tenderness over the base of the thumb extending onto the palm of the right hand. The patient was diagnosed with 1) Sprain, right wrist; 2) Sprain, right hand, no evidence of carpal tunnel syndrome; 3) Sprain, right thumb; 4) Sprain, right elbow; 5) no abnormality, left hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit purchase for the upper right extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 115-116.

Decision rationale: According to the CA MTUS, TENS a home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS), and for CRPS I (with basically no literature to support use). The medical records document the patient has pain in the right thumb wrist and elbow with difficulty of grasping and writing. On physical examination right elbow tender to palpation on the medial side positive Tinel's test, right wrist at the carpal metacarpal was tender to palpation, positive Tinel's and Phalen's test, grip strength and sensation were reduced. The request is for purchasing TENS unit and in the absence of documented one-month trial period of the TENS unit used as adjunct to ongoing treatment modalities within a functional restoration approach, the request is not medically necessary according to the guidelines.