

Case Number:	CM13-0069461		
Date Assigned:	01/03/2014	Date of Injury:	06/08/2011
Decision Date:	03/24/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/23/2013

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, has a subspecialty in Interventional Spine, 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 29 year old female who sustained a work-related injury on 6/8/11. The treating physician's report dated 11/5/13 indicates the diagnoses of right wrist sprain/strain, right lateral epicondylitis, and right shoulder impingement.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for the purchase of a TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

Decision rationale: The patient presents with chronic worsening of pain in the right wrist with right upper extremity pain and a hard time sleeping at night. There is tenderness about the right shoulder with positive impingement test, tenderness of the lateral epicondyle and pain with motion, positive Tinel's sign and Phalen's test, and abnormal two-point discrimination over the median nerve on the right, greater than 8mm. The treating physician's report requests authorization for a home TENS unit. There is no documentation of the patient having a trial

period of usage or the response to any prior TENS usage. The MTUS guidelines state that a one-month trial period of the TENS unit should be used 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. As there has not yet been a trial of TENS, the request is noncertified.

The request for a sleep study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The 11/5/13 treating physician's report states that the patient has a hard time sleeping at night, and a sleep study is being recommended to rule out sleep apnea. The MTUS guidelines do not address the request of a sleep study, so alternative guidelines were used. The Official Disability Guidelines states that polysomnography is recommended after at least six months of insomnia complaints at least four nights a week, unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. It is not recommended for the routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders. The treating physician reports dated 9/16/13, 5/7/13, and 1/10/13 did not discuss any insomnia complaint. Additionally, there is no documentation of unresponsiveness to behavior intervention and sedative/sleep promoting medications. There is no clinical information to support the request for a sleep study. The request is noncertified.