

Case Number:	CM14-0005949		
Date Assigned:	02/07/2014	Date of Injury:	01/16/2012
Decision Date:	06/23/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/15/2014

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 Texas. 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 36-year-old female who reported an injury on 01/16/2012. The mechanism of injury was not stated. Current diagnoses include displacement of the cervical intervertebral disc without myelopathy, brachial plexus lesions, sprain/strain of unspecified sites of the shoulder and upper arm, and sprain/strain of unspecified site of the wrist. The latest Physician's Progress Report submitted for this review is documented on 10/04/2013. Physical examination revealed swelling of the thumb, index, and middle finger as well as swelling of the supraclavicular area with positive Tinel's testing and tenderness over the C5-6 dermatomes. Treatment recommendations at that time included a cervical spine MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT AND SUPPLIES (RENTAL OR PURCHASE): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 114-117.

Decision rationale: The California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1-month home based trial may be

considered as a non-invasive conservative option. There should be evidence that other appropriate pain modalities have been tried and failed. As per the documentation submitted, there is no evidence of a failure to respond to other appropriate pain modalities. There is no documentation of a successful 1-month trial prior to the request for a unit purchase. There was also no documentation of a treatment plan including the specific short and long-term goals of treatment with the unit. Based on the clinical information received, the request for TENS UNIT AND SUPPLIES (RENTAL OR PURCHASE) is not medically necessary and appropriate.

MOIST HEAT PAD: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Occupational Medical Practice Guidelines (OMPG)

Decision rationale: The California MTUS/ACOEM Practice Guidelines state there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as heat/cold applications. There is no mention of a contraindication to at-home local applications of heat or cold packs as opposed to a moist heating pad. The medical necessity for the requested equipment has not been established. Therefore, the request for MOIST HEAT PAD is not medically necessary and appropriate.