

Case Number:	CM14-0101698		
Date Assigned:	07/30/2014	Date of Injury:	11/25/2008
Decision Date:	10/03/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/01/2014

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 Nevada. 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 records presented for review indicate that this 43 year-old individual was reportedly injured on November 25, 2008. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated August 26, 2014, indicates that there are ongoing complaints of right shoulder, right elbow and right wrist pain. It is noted that a home exercise protocol is being pursued. A reduction in symptomology is associated with the medication protocol implemented. The physical examination demonstrated no limitation range of motion of the upper extremity, a negative Hawkins, Neer, empty can and shoulder crossover tests, were reported. Diagnostic imaging studies were not reported. Previous treatment includes several medications that were discontinued, ongoing medications, physical therapy, and pain management interventions. A request had been made for TENS and was not certified in the pre-authorization process.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit Rental QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113 - 116 of 127.

Decision rationale: The MTUS recommends against using a transcutaneous electrical nerve stimulation (TENS) unit as a primary treatment modality and indicates that a one-month trial must be documented prior to purchase of the unit. Based on the clinical documentation provided, the TENS unit is being used as a primary treatment modality and there is no documentation of a previous one-month trial. Furthermore, the MTUS notes that an appropriate trial should include documentation of how often the unit was used, the outcomes in terms of pain relief and reduction, and there is no noted efficacy provided in the progress notes presented for review. As such, the request for purchase of a TENS unit is considered not medically necessary

Protein Rich Plasma Injection (wrist): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines- Pain Chapter-Forearm, Wrist and Hand (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand Updated August, 2014

Decision rationale: This injection type treatment is not addressed in the MTUS or the ACOEM guidelines. The parameters of the ODG were employed. This injection is not recommended as there are no clinical studies demonstrating the efficacy or utility of such an injection protocol. Therefore based on the clinical fracture presented for review tempered by the parameters noted in the ODG the medical necessity of this injection cannot be established.