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| Case Number: | CM14-0012013 | | |
| Date Assigned: | 02/21/2014 | Date of Injury: | 08/22/2013 |
| Decision Date: | 06/26/2014 | UR Denial Date: | 01/03/2014 |
| Priority: | Standard | Application Received: | 01/30/2014 |

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 57-year-old male who reported an injury on 08/22/2013. The injured worker was reportedly unpacking a recliner chair when it fell and landed on the injured worker's left foot. Current diagnoses include right wrist sprain/strain, rule out carpal tunnel syndrome, left wrist de Quervain's tenosynovitis, and left hallux rigidus. The injured worker was evaluated on 11/12/2013. The injured worker reported persistent pain in bilateral hands and left foot. Previous conservative treatment includes medication management, rest, and activity restriction. Physical examination revealed tenderness to palpation at the carpal tunnel, tenderness at the 1st dorsal extensor muscle compartment, tenderness at the interphalangeal joints bilaterally, limited range of motion of bilateral wrists, positive Tinel's testing on the right, positive Phalen's testing bilaterally, positive Finkelstein's testing on the left, slightly diminished sensation in the C5-T1 dermatomes, 4/5 muscle strength, and 2+ deep tendon reflexes. Treatment recommendations at that time included authorization for a TENS unit with supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWO MONTH SUPPLIES (ELECTRODES, BATTERIES AND LEAD WIRES): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: 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 noninvasive conservative option. There should be evidence that other appropriate pain modalities had been tried and failed. As per the documentation submitted, the injured worker has been previously treated with medication management, activity restriction, and rest; however, the current request for a 2 month rental exceeds guideline recommendations. There is also no documentation of a treatment plan with the specific short and long term goals of treatment with the TENS unit. Based on the clinical information received, the request is non-certified.

PRIME DUAL-TENS/EMS UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TRANSCUTANEOUS ELECTRIC THERAPY, 116,121

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

Decision rationale: 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 noninvasive conservative option. There should be evidence that other appropriate pain modalities had been tried and failed. As per the documentation submitted, the injured worker has been previously treated with medication management, activity restriction, and rest; however, the current request for a 2 month rental exceeds guideline recommendations. There is also no documentation of a treatment plan with the specific short and long term goals of treatment with the TENS unit. Based on the clinical information received, the request is non-certified.