

<b>Case Number:</b>	CM14-0115408		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	04/25/2014
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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 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 42 year old female injured worker suffered an industrial injury on 4/25/2014 consisting of cumulative trauma of the bilateral wrists. The documentation provided did not include results of an initial or subsequent physician's exam with subjective and objective findings including the note of 6/2/2014. X-rays were taken of the wrists, elbow and shoulder on 06/03/2014 without any radiographic abnormalities noted. Physical therapy was initiated on 6/4/2014 through 6/19/2014 but without any objective or subjective findings or goals. The UR decision on 7/1/2014 for Home Exercise Kit was denied as the guidelines recommend specialized therapy for the hands/wrist with no benefit of a kit. The request for a TENS unit was denied as a trial needs to take place prior to requesting either a purchase or a rental of equipment along with the required supplies. The medical records in this case were very limited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home exercise kit purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Durable medical equipment (DME), pages 297-298, 309

**Decision rationale:** Although the ACOEM guidelines do recommend daily exercises, submitted reports have not demonstrated any evidence to support the medical necessity for a home exercise kit versus simple inexpensive resistive therabands to perform isometrics and eccentric exercises. Exercise equipment is considered not primarily medical in nature and could withstand repeated use as rental or used by successive patients which is not indicated here. The patient had participated in active physical therapy and should have received instructions for an independent home exercise program without the need for specialized equipment. The Home exercise kit purchase is not medically necessary.

**TENS unit purchase:** 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 Guidelines Transcutaneous Electrotherapy, TENS for chronic pain Page(s): 114-117.

**Decision rationale:** Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has received extensive conservative medical treatment to include chronic opiate analgesics and other medication, physical therapy, epidural steroid injection, activity modifications/rest, yet the patient has remained symptomatic and functionally impaired. There is no documentation on how or what TENS unit is requested, functional improvement from trial treatment, nor is there any documented short-term or long-term goals of treatment with the TENS unit. There is no evidence for change in work status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from any TENS treatment already rendered for purchase. The TENS unit purchase is not medically necessary and appropriate.

**Electrodes, 10 packs:** 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 Guidelines Transcutaneous Electrotherapy, TENS for chronic pain Page(s): 114-117.

**Decision rationale:** Please see rationale for Decision #2: As the TENS unit purchase is not supported, the associated supplies are not medically necessary or appropriate. The Electrodes, 10 packs is not medically necessary and appropriate.

**Batteries x10:** 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 Guidelines Transcutaneous Electrotherapy, TENS for chronic pain Page(s): 114-117.

**Decision rationale:** Please see rationale for Decision #2: As the TENS unit purchase is not supported, the associated supplies are not medically necessary or appropriate. The Batteries x10 is not medically necessary and appropriate.