

Case Number:	CM14-0132663		
Date Assigned:	08/22/2014	Date of Injury:	06/15/2007
Decision Date:	10/02/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/19/2014

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 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 injured worker is a 44-year-old male who reported injury on 06/15/2007. Mechanism of injury was due to continuous trauma due to job tasks. The injured worker has a diagnosis of bilateral cubital tunnel syndrome. Past medical treatment consists of use of a TENS unit, physical therapy, acupuncture, and medication therapy. There were no pertinent diagnostics submitted for review. On 06/18/2014 the injured worker complained of bilateral wrist pain. Physical examination of the hands revealed that there was vitiligo of the hands. There was thrombosis of the right dorsal hand/wrist vein. There was left elbow tenderness. Dorsiflexion, palmar flexion, radial deviation, and ulnar deviation were within normal limits. Motor strength of the deltoid, biceps, triceps, supinator, pronator teres, wrist flexors, and wrist extensors were 5/5 bilaterally. Deep tendon reflexes revealed biceps, triceps, and brachioradialis 2+ bilaterally. Froment's sign, Phalen's sign, Spurling's sign, Adson sign, Irving S. Wright and Tinel's wrist sign were negatively bilateral. Tinel's sign of the elbow was negative on the right and positive on the left. Sensory examination revealed that there was slight diminished sensation to light touch and pinprick over the left little and ring ringer. The medical treatment plan is for the injured worker to have access to a solar care heating pad and the purchase of a TENS unit. The injured worker does not want surgery, so the provider feels that the TENS unit and heating pad will help with the injured worker's pain. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Solar Care Heating Pad - purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines:Low Back Chapter, Cold/heat packs, Heat therapy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

Decision rationale: The request for Solar Care Heating Pad - purchase is not medically necessary. ACOEM recommends the use of heat or cold applications. It states at home local applications of heat and cold are as effective as those performed by therapists. There was no demonstrated medical necessity for the requested solar care heating system per the treatment of the injured worker. Alternative methods for the application of heat are readily available. There was no medical necessity for the prescribed solar care heating system at this time. There are many alternatives available over the counter utilizing heat packs or warm towels. The injured worker is able to provide heat to the back with warm towels, hot showers, or hot baths. There was no provided subjective or objective evidence that supports the medical necessity for the use of the heating pad at this stage of the industrial injury. Given the above, there is no need for the purchase of a solar care heating pad. As such, the request is not medically necessary.

X-Force Stimulator (TENS Unit) - purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) P.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Criteria for the use of TENs, Page(s): 116.

Decision rationale: The request for X-Force Stimulator (TENS Unit) - purchase is not medically necessary. The California MTUS Guidelines do not recommend a TENS unit as a primary treatment modality. A 1 month home based TENS trial must be considered as a noninvasive conservative option, if used as an adjunct to a program of evidenced based functional restoration. The results of studies are inconclusive, the published trails do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long term effectiveness. The submitted report lacked quantified evidence indicating significant deficits upon physical exam. The efficacy of the injured worker's previous courses of conservative care were not provided. Furthermore, it was unclear if the injured worker underwent an adequate TENS trial. Additionally, the request as submitted is for the purchase of a TENS unit, per guidelines an initial rental trial of 30 days is recommended. Furthermore, the request does not indicate on what extremity the TENS unit will be used. As such, the request is not medically necessary.