

Case Number:	CM14-0158002		
Date Assigned:	10/01/2014	Date of Injury:	08/09/2013
Decision Date:	10/28/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	09/26/2014

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 Family Medicine and is licensed to practice in Utah. 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 54 year-old male with a date of injury of 8/9/2013. The mechanism of injury was being punctured/laceration while washing dishes. The patient has been diagnosed with carpal tunnel syndrome, left upper extremity neuropathy, left wrist pain, muscles atrophy and muscle spasms. Treatments have included acupuncture, and hot/cold packs, and medications. The physical exam findings dated July 8, 2014 show the Left shoulder with tenderness over the upper trapezius muscle. Left Elbow, with strength of 2+/5. The Left wrist/hand shows no tenderness to palpation, with strength of 1+/5, positive carpal Tinel's and Phalen's test. The patient's medications have included, but are not limited to, Gabapentin, Cyclobenzaprine, Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot & Cold Pack/Wrap; Rental or Purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar and Thoracic, Cold/Heat Pack.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG, Low Back, Lumbar and Thoracic, Cold/Heat Pack.

Decision rationale: The Official Disability Guidelines (ODG) indicates cold therapy units for certain post-op conditions, but does not recommend equipment to apply cold therapy to the chronic pain patient. According to the clinical documentation provided and current MTUS guidelines; A Cold/Hot pack/wrap unit, rental or purchase is not medically necessary and appropriate.

TENS Unit; Purchase or Rental: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 113-115.

Decision rationale: MTUS guidelines state the following: Not recommended as a primary treatment modality. While TENS may reflect the long standing accepted standard of care within many medical communities, the results of studies are inconclusive, the published trials do not provide parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Several studies have found evidence lacking concerning effectiveness. According to the clinical documentation provided and current MTUS guidelines, the request for a TENS unit is not medically necessary and appropriate. A TENS unit is not indicated as a medical necessity to the patient at this time.