

Case Number:	CM14-0158306		
Date Assigned:	09/30/2014	Date of Injury:	12/13/2010
Decision Date:	10/31/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/05/2014

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 Occupational Medicine 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 represented [REDACTED] employee who has filed a claim for chronic wrist pain reportedly associated with an industrial injury of December 13, 2010. Thus far, the injured worker has been treated with the following: Analgesic medications; earlier wrist fusion surgery; subsequently wrist hardware removal surgery; reported diagnosis with wrist arthritis and carpal tunnel syndrome; unspecified amounts of physical therapy; and extensive periods of time off of work, per the claims administrator. In a Utilization Review Report dated August 27, 2014, the claims administrator denied a TENS unit six-month rental, denied a Thermophore home heating pad/home heating unit and denied SpiderTech tape rolls. The claims administrator invoked non-MTUS Official Disability Guidelines (ODG) to deny the SpiderTech tape rolls and also invoked non-MTUS 2007 ACOEM Guidelines and ODG Guidelines to deny the heating pad, despite the fact that the MTUS addresses the topic. The report some 6-7 pages long and somewhat difficult to follow. The injured worker's attorney subsequently appealed. In a July 23, 2014 progress note, the injured worker reported persistent complaints of wrist pain. The injured worker had some range of motion deformity about the long finger of the right hand. Pain in the thumb was noted. The injured worker was reportedly using Kinesio taping with relief, it was stated. The injured worker was off of work, it was acknowledged. In a June 24, 2014 progress note, the attending provider stated that he believed the injured worker was at maximum medical improvement. The injured worker exhibited limited range of motion about the wrist and finger.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit, 6 month rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Transcutaneous Electrical Nerve Stimulation (TENS)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of TENS Page(s): 116.

Decision rationale: As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, a one-month trial of a TENS unit is recommended in injured worker with chronic intractable pain of greater than three months duration in whom other appropriate pain modalities, including pain medications, have been tried and/or failed. In this case, the six-month trial rental request, as written, represents treatment well in excess of the one-month trial suggested on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines. No rationale for treatment this far in excess of MTUS parameters was proffered. Therefore, the request is not medically necessary.

Thermophore home heating unit: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Cold/Heat Packs Section

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

Decision rationale: Based on the product description, the Thermophore home heating pad/home heating unit does represent a simple, low-tech means of delivering heat therapy. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-4, page 264, applications of heat packs are recommended as methods of symptoms control for forearm, wrist, and hand complaints, as are present here. The request, as written, does represent treatment which conforms to MTUS parameters. Therefore, the request is medically necessary.

Spider tech tape, 6 rolls: 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), Shoulder, Kinesio Tape (KT)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines CRPS Treatment Page(s): 40.

Decision rationale: While the MTUS does not specifically address the topic of Spider taping, page 40 of the MTUS Chronic Pain Medical Treatment Guidelines does note that "edema

control" is recommended in the treatment of chronic regional pain syndrome. In this case, while the injured worker does not have chronic regional pain syndrome, the injured worker does have pain and swelling about the hand and wrist apparently associated with a wrist fusion surgery. The injured worker does have residual swelling and residual deformity of the digits and/or wrists which could be amenable to taping. Similarly, the Third Edition ACOEM Guidelines also notes that use of functional therapies including taping is "recommended" in the treatment of wrist fractures/metacarpal fractures. In this case, it appears that the injured worker's wrist issues apparently initially arose from a wrist fracture. Taping is indicated to try and ameliorate the same, particularly in light of the fact that the attending provider has stated that he is intent on using the taping to improve the injured worker's motion. Therefore, the request is medically necessary.