

Case Number:	CM14-0164592		
Date Assigned:	10/09/2014	Date of Injury:	05/10/2013
Decision Date:	11/10/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/07/2014

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 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:

This is a 35 year old female patient who sustained a work related injury on 05/10/2013. She sustained the injury due to repetitive trauma. The current diagnoses include cervical radiculopathy and carpal tunnel syndrome. Per the note dated 8/28/14, patient had cervical pain with radiation to the right upper extremity; frequent, moderate, sharp, stabbing right wrist pain and numbness and tingling of the right hand. Physical examination revealed normal range of motion of the cervical spine with tenderness to palpation of the paravertebral musculature; right wrist- normal range of motion with tenderness to palpation of the volar aspect. Per the [REDACTED] note dated 9/5/14, patient had right wrist pain. Physical examination revealed weak strength. The medication list includes topical analgesics. She has had an electrodiagnostic study of the bilateral upper extremities dated 05/ 1 4/2014 which revealed evidence of mild right sided carpal tunnel syndrome. She has had physical therapy and epidural steroid injections for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Rental of Transcutaneous Electrical Nerve Stimulation/Electrical Muscle Stimulation

Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Neuromuscular electrical stim.

Decision rationale: Per the MTUS chronic pain guidelines, there is no high grade scientific evidence to support the use of effectiveness of electrical stimulation for chronic pain. According to the cited guidelines, TENS is "not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. 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 information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use)." Per the CA MTUS Chronic Pain Medical Treatment Guidelines neuromuscular electrical stimulation (NMES devices) is "Not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no trials suggesting benefit from NMES for chronic pain." Cited guidelines do not recommend TENS and EMS for the chronic pain. Any evidence of stroke is not specified in the records provided. Patient does not have any objective evidence of CRPS I and CRPS II that is specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications is not specified in the records provided. The medical necessity of 1 Rental of Transcutaneous Electrical Nerve Stimulation/Electrical Muscle Stimulation Unit is not fully established for this patient at that juncture. Therefore, the request is not medically necessary.

1 Rental of Cold/Heat Therapy Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270-272.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: The requested DME is meant to provide heat/cold therapy which is a kind of passive physical medicine treatment. Per the CA MTUS chronic pain guidelines cited below, "The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability." In addition, the ACOEM guidelines cited below regarding heat/cold therapy states "Patients' at-home applications of heat or cold packs may be used before or after exercises and are as effective as those performed by a therapist." The rationale for the use of this DME versus a conventional, off-the-shelf heating pad or cold pack is not specified in the records provided. The response or lack of response or intolerance to other measures of treating the

patient's symptoms like oral analgesics/NSAIDS is not specified in the records provided. The medical necessity of 1 Rental of Cold/Heat Therapy Unit is not established.