

Case Number:	CM14-0170780		
Date Assigned:	10/23/2014	Date of Injury:	08/23/2014
Decision Date:	12/11/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/15/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 51 year old female who sustained an injury on 08/23/14 while she was working on a fitness ball. The ball popped and she landed on her head. The clinical note from 09/17/14 was reviewed. She sustained an injury to head, neck, wrists, low back, right ankle, foot and toes. She had x-rays and was given medications. She was also provided with splint. Her subjective complaints included headaches, burning, radicular neck pain that was 7/10, worse with looking up and down and side to side with numbness and tingling of the bilateral upper extremities. She also had burning bilateral wrist pain, burning radicular low back pain and burning right ankle, foot and toe pain. Pain was worse with activities and better with medications, rest and activity restrictions. Pertinent examination findings included tenderness to palpation at the occiput, trapezius, sternocleidomastoid and levator scapula muscles. The range of motion of neck was decreased with tenderness at the carpal tunnel and the first dorsal extensor muscle compartment. Wrist strength was decreased at 3/5 bilaterally. Sensory examination was slightly diminished over the C5, C6, C7, C8 and T1 dermatomes in the bilateral upper extremities, motor strength was 4/5 in bilateral upper extremities with 2 + deep tendon reflexes. She was noted to be walking with a cane, with tenderness at the lumbar paraspinal muscles and over the lumbosacral junction. She had effusion at right ankle, with tenderness to palpation over the medial and lateral malleolus. Sensation was decreased at the L4, L5 and S1 dermatomes in the right lower extremity. Diagnoses included headaches, cervical spine strain/sprain, bilateral wrist sprain/strain, low back pain, rule out cervical and lumbar radiculopathy, lumbar sprain/strain, right ankle sprain/strain and right toe/foot pain. The plan of care included x-rays of the cervical and lumbar spine, bilateral wrists and right ankle/foot/toes, TENS unit, physical therapy and acupuncture, shock wave therapy, MRI of the cervical and lumbar spine, EMG/NCV

of the bilateral upper and lower extremities, Terocin patches, Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine and Ketoprofen cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Transcutaneous Electrical Nerve Stimulation Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines TENS. Decision based on Non-MTUS Citation ODG, Online Edition Chapter, Ankle and Foot

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Therapy Page(s): 114.

Decision rationale: The Chronic Pain Guidelines indicate that TENS units can be used in the treatment of chronic intractable pain in individuals who have failed to improve with other appropriate pain modalities including analgesic medications. The guidelines recommend a one month trial of TENS unit before a purchase is requested. A review of submitted medical records show that she is approximately one month status post the date of injury. It is not clear what treatments have been tried. Even if she met the criteria for use of TENS unit, she would have to do a one month trial before a purchase/rental can be certified. Hence the request for purchasing TENS unit is not medically appropriate or necessary.

1 Hot/Cold Therapy Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ankle and Foot Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACOEM, online edition, 6th edition, Low back disorders, hot and cold therapies

Decision rationale: According to ACOEM guidelines, chapter on low back disorders, self applications of cryotherapies using towels or reusable simple devices are without complications or appreciable costs. These are recommended over the more expensive cryotherapy devices like the hot/cold therapy unit that is being requested. Hence the request is not medically necessary or appropriate.