

Case Number:	CM14-0020053		
Date Assigned:	04/25/2014	Date of Injury:	08/22/2013
Decision Date:	07/07/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/18/2014

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 patient has submitted a claim for left wrist pain associated with an industrial injury date of August 22, 2013. Treatment to date has included physical therapy, acupuncture, kinetic activities, home exercise program, and medications which include Vicodin, Flexeril, Motrin, and morphine sulfate. Medical records from 2013-2014 were reviewed the latest of which dated January 23, 2014 which revealed that the patient complained of on and off moderate pain of the left hand graded 6/10. On examination of the left hand, there is significant decreased range of motion of the thumb, index, middle, ring and small fingers. She lacks palmar touch by approximately 5cm to all fingers. Most of the stiffness appears to be at the MCP heads of the index, middle, ring, and small fingers. Passive range of motion only increases range of motion by approximately 1cm of flexion. There is positive Phalen's and Tinel's tests, and positive compression test over the median nerve. Finkelstein's test was negative. There is thenar atrophy and abductor brevis weakness. There is mild pain in the anatomic snuffbox, ulnar and radial deviation of the wrist, and on wrist flexion/extension. In the progress notes dated last January 7, 2014, the patient complained of frequent moderate left wrist pain and stiffness radiating to the hand and fingers with numbness, tingling and weakness. On physical examination, range of motion of the left wrist was painful. There is +3 tenderness to palpation of the dorsal wrist, volar wrist and lateral wrist. Finkelstein's test was positive. Carpal compression test causes numbness. TFCC load causes pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS/EMS OR IF DEVICE WITH TWO MONTH SUPPLIES (ELECTRODES, BATTERIES AND LEAD WIRES FOR THE LEFT WRIST): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines INTERFERENTIAL CURRENT STIMULATION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 115-116, 118-119.

Decision rationale: As stated on pages 114-116 of the Chronic Pain Medical Treatment Guidelines referenced by CA MTUS, 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. It is recommended for patients with documented pain of at least three months duration and when other appropriate pain modalities have been tried (including medication). Regarding the IF unit, as stated on pages 118-119 of the Chronic Pain Medical Treatment Guidelines interferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. In this case, TENS/EMS/IF device was prescribed for the pain in the left wrist. The patient has been complaining of persistent left wrist pain despite exercise, acupuncture, and multiple oral medications. The medical necessity for this device as a conservative treatment option has been established. However, the request for two-month supply has exceeded the recommended one-month trial. Moreover, it is not specified if the device is for purchase or rental purposes. Therefore, the request for TENS/EMS or IF device with two month supplies is not medically necessary.