

Case Number:	CM14-0034016		
Date Assigned:	06/20/2014	Date of Injury:	01/21/2012
Decision Date:	07/18/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/18/2014

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 Physical Medicine and is licensed to practice in Minnesota. 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 31-year-old female who reported an injury on 11/21/2012. It was noted that a door slammed on her right wrist, trapping it between a door and a door frame. The clinical note dated 11/19/2013 noted the injured worker presented with right hand, elbow, and wrist pain. Prior therapy included injections, medication, and physical therapy. The diagnoses were status post right hand crush injury, right hand chronic pain and chronic lateral epicondylitis, and right shoulder bicipital tendonitis. Upon examination, there was full range of motion of the right wrist, elbow, and shoulder; and upon palpation, there is tenderness on the bicipital groove, AC joint, lateral epicondyle, and right wrist. The provider recommended a TENS rental of 2 months, plus supplies; a home paraffin unit; Thermophore standard; putty, medium resistance, green. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS rental x 2months/ supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENs (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of TENs, page(s) 116 Page(s): 116.

Decision rationale: The request for TENS rental x2 months with supplies is non-certified. The California MTUS Guidelines do not recommend a TENS unit as a primary treatment modality. A 1 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. The results of studies are inconclusive. The published trials do not provide information on the simulation parameters, which are most likely to provide optimum pain relief, nor do they answer the questions about long-term effectiveness. There is a lack of documentation indicating significant deficits upon physical examination. The included medical documents do not indicate whether the injured worker underwent an adequate TENS trial. The guidelines allow for up to 1 month in home trial of the TENS unit. The provider's request for a 2 month trial with supplies would exceed the guideline recommendations. The provider's request did not indicate the site that the TENS unit was indicated for. As such, the request is non-certified.

Home Paraffin Unit: 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) Hand.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hand & Wrist, Paraffin wax baths.

Decision rationale: The request for a home paraffin unit is non-certified. The Official Disability Guidelines recommend paraffin as an option for arthritic hands, if used as an adjunct to a program to evidence-based conservative care to include exercise. According to a review, paraffin wax bath combined with exercises can be recommended for beneficial short-term effects for arthritic hands. These conclusions are limited by methodological considerations and poor-quality trials. The included medical documents note the injured worker participates in hand therapy. Previous uses of a paraffin bath were not noted. The injured worker did not have symptoms or diagnoses of arthritis, which would be indicated as a guideline recommendation. The provider's rationale was not provided. As such, the request is non-certified.

Thermaphore Standard: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Wrist & Hand, Heat Therapy.

Decision rationale: The Official Disability Guidelines recommend at-home local applications of cold/heat packs for the first few days of acute complaint, then thereafter, applications of heat therapy. For arthritic hands, superficial moist heat and cryotherapy can be used as a palliative therapy. These conclusions are limited by methodological considerations such as poor-quality

trials. The medical documentation does not indicate the provider's rationale for recommending a brand name heating pad over a standard heat pad. As such, the request is non-certified.

Putty Medium Resistance, Green: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise, page(s) 46-47 Page(s): 46-47.

Decision rationale: The request for putty medium resistance, green, is non-certified. The California MTUS recommends exercise. There is strong evidence that exercise programs, including aerobic conditioning and strength) are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. Therapeutic exercise programs should be initiated at the start of any treatment or rehabilitation program, and this exercise is contraindicated. The provider's rationale for the use of a putty medium is not provided. In addition, the guidelines specify that there is no sufficient evidence to support one particular exercise over another. As such, the request is non-certified.