

Case Number:	CM14-0052120		
Date Assigned:	07/07/2014	Date of Injury:	01/15/2013
Decision Date:	08/26/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/21/2014

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 Rehabilitation 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 25-year-old male who reported an injury on 01/15/2013. The mechanism of injury occurred when the injured worker was reached for the metal door of his forklift and accidentally stepped on the accelerator, causing him to be thrust forward. As a result of the accident, the injured worker sustained a radial nerve laceration in his right arm, for which he underwent a radial nerve exploration and decompression on 01/17/2013. His diagnoses included right radial nerve laceration with recovery of motor function, residual numbness from the laceration of the radial nerve, cervical sprain/strain, right shoulder sprain/strain, pectoralis major sprain/strain, anxiety and depression, insomnia and decreased grip strength of the right upper extremity. The injured worker has had previous treatments with medications, splinting, a nerve stimulator unit, physical therapy and the use of a heating pad. The injured worker had an examination on 02/18/2014, where he had complaints of moderate neck pain and severe right shoulder pain. The injured worker stated that overall, he felt better with the physical therapy, and he was continuing to go. The injured worker described the pain to his shoulder as burning and stabbing, as well as pins and needles going down to his right wrist rated 5/10. The injured worker indicated at worst, the pain was rated 6/10 and on average, it was 4/10. The injured worker's range of motion was within normal limits and strength testing was at a 5/5. The neurological and sensory examination of the radial nerve from the midarm distally into the fingers was decreased and was normal on the left. He had negative Tinel's and Phalen's tests. He did have a dropped wrist and could not lift his wrist on the right side. The injured worker as a whole had a functional impairment rating of 36%. The injured worker's medications consisted of Naprosyn and Prilosec as well as the use of topical creams of ketoprofen, gabapentin and tramadol. The recommended plan of treatment was for the individual to continue his topical

creams and to continue his medications as needed. The Request for Authorization and the rationale were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

The Purchase of Two (2) Conductive Garments.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

X- Force Stimulator Unit (Purchase): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

Decision rationale: The X-Force stimulator unit is a TENS unit with joint stimulation. The California MTUS guidelines recommend TENS for patient's with documentation of pain of at least 3 months duration with evidence that other appropriate pain modalities have been tried and failed. The guidelines note 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. The guidelines note a 1 month trial period of the TENS unit should be documented as well as documentation of how often the unit was used and how well the outcomes, as far as pain relief and function, have turned out. There is a lack of documentation indicating the injured worker has completed a one month home based TENS trial with documentation of the efficacy of the unit as well as information detailing the injured worker's usage. There is no indication that the unit will be used as an adjunct to an evidence based program of functional restoration. The requesting physician's rationale for the request is not indicated within the provided documentation. Therefore, the request for the X-Force stimulator unit is not medically necessary.

Three (3) Months of supplies for the Stimulator Unit.: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.