

Case Number:	CM14-0200490		
Date Assigned:	12/10/2014	Date of Injury:	09/02/2014
Decision Date:	01/26/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/01/2014

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 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 (IW) is a 40-year-old man with a date of injury of September 2, 2014. The mechanism of injury is documented as a cumulative trauma. The IW has been working as a clerical worker with the [REDACTED] since 1997. The injured worker's current working diagnoses are right forearm and wrist flexor and extensor tendinitis with dynamic carpal tunnel syndrome; right elbow medial and lateral epicondylitis with dynamic cubital tunnel syndrome; cervical/trapezial musculoligamentous sprain/strain with attendant right upper extremity radiculitis; and right shoulder periscapular strain. Pursuant to the Doctor's First Report of Occupational Illness or Injury dated November 3, 2014, the IW reports she was initially seen by the industrial physicians that obtained x-rays of her neck, shoulder, wrist, and hand. She is unsure of the results. She was also prescribed medications and physical therapy, which helped. Currently, the IW complains of right forearm, wrist and hand pain with associated numbness and tingling to the fingers; right elbow pain with associated numbness and tingling to the fingers; right shoulder pain; neck pain radiating to the right upper extremity with associated numbness and tingling. Examination of the cervical spine reveals tenderness to palpation (TTP) is present over the paraspinal musculature and upper trapezius muscles with associated muscle spasms. Spurling's maneuver is slightly positive. Examination of the right shoulder reveals TTP over the subacromial region and AC joint. Cozen's test and Reverse Cozen's test are positive. Flexion is 140 degrees, extension is 0 degrees, and pronation and supination is 80 degrees. Examination of the right forearm, wrist and hands reveal TTP over the forearm flexor and extensor musculature extending over the tendons of the wrist. Range of motion is restricted. Gross sensory, motor, and reflex testing of the bilateral upper extremities reveals decreased sensation to pinprick and light touch in the hand and fingers in the C6 through C8 nerve distribution. The treating physician is requesting authorization for a home interferential unit and a moist heat pad.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Inferential Unit (OrthoStim 4): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ICS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, H Wave Simulation Unit

Decision rationale: Pursuant to the Official Disability Guidelines, Home Interferential Stimulation Unit (ICS) is not medically necessary. ICS is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with the recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The ODG enumerates the patient selection criteria for the ICS to be determined to be medically necessary. These criteria include, but are not limited to, pain is effectively controlled to diminished effectiveness of medications; and effectively controlled the side effects; history of substance abuse; etc. See guidelines for details. If the criteria are met, then a one month trial may be appropriate to permit the physician and physical therapy provider to study the effects and benefits there should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. In this case, the injured worker's working diagnoses are right forearm and wrist flexor and extensor tendinitis with dynamic carpal tunnel syndrome; right elbow medial and lateral epicondylitis with dynamic cubital tunnel syndrome; cervical/trapezius musculoligamentous sprain/strain with right upper extremity radiculitis; and right shoulder periscapula strain. The documentation does not contain evidence of a one month trial. There is no documentation in the medical record indicating objective, functional gains or changing work status as a result of ICS. Consequently, absent the appropriate clinical criteria and evidence of a one month trial, Home Interferential Stimulation Unit is not medically necessary.

Moist Heat Pad (Thermophore): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Heat/Cold Packs

Decision rationale: Pursuant to the Official Disability Guidelines, moist heat pad (Thermophore) is not medically necessary. Heat applications are recommended. Insufficient testing exists to determine the effectiveness of heat/cold applications in treating mechanical neck

disorders, though due to the relative ease and lack of adverse effects, local applications of cold packs may be applied during the first few days of symptoms followed by applications of heat packs to suit the patient. In this case, the injured worker's working diagnoses are right forearm and wrist flexor and extensor tendinitis with dynamic carpal tunnel syndrome; right elbow medial and lateral epicondylitis with dynamic cubital tunnel syndrome; cervical/trapezius musculoligamentous sprain/strain with right upper extremity radiculitis; and right shoulder periscapula strain. There is no documentation the injured worker requires a specific device to provide heat therapy. There is no contraindication to using heated towels in the home environment. Consequently, a moist heat pad- Thermophore is not medically necessary.