

Case Number:	CM15-0100995		
Date Assigned:	06/03/2015	Date of Injury:	11/03/2013
Decision Date:	09/25/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	05/26/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 was a 26 year old female, who sustained an industrial injury, November 3, 2013. The injured worker previously received the following treatments TENS (transcutaneous electrical nerve stimulator) unit, home exercise program, TheraCane, Ibuprofen, LidoPro cream, Norco and left wrist cortisone injection. The injured worker was diagnosed with carpal tunnel syndrome, trigger finger, hand injury, cervical pain and or strain and myofascial pain. According to progress note of June 16, 2015, the injured worker's chief complaint was wrist, hand and cervical neck pain. The injured worker rated the pain at 7 out of 10. The injured worker was complaining of lower left thoracic pain. The medications help the injured worker perform more activities of daily living by more than 30%. The physical exam noted small irregular borders, macular patches covering 6 inch area without erythema or open lesions or scaling on the left lower thoracic area. Not near the last transforaminal paraspinal injection. The treatment plan included TENS (transcutaneous electrical nerve stimulator) unit patches time two pairs.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 DME: tens patches times 2 pairs and self-therapy using theracane for submitted diagnosis of carpal tunnel syndrome, trigger finger, hand injury and cervical sprain as outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Neck and Upper Back Complaints, pp. 173-174,Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS for chronic pain, pages 114-117.

Decision rationale: Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has received extensive conservative medical treatment to include chronic analgesics and other medication, extensive physical therapy, activity modifications, yet the patient has remained symptomatic and functionally impaired. There is no documentation on how or what TENS unit is requested, whether this is for rental or purchase, nor is there any documented short-term or long-term goals of treatment with the TENS unit. There is no evidence for change in functional status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the treatment already rendered. As the TENS unit is not supported, the associated supplies are not medically necessary. Thera Cane is a self massage device used to decrease pain from tender, sore muscles. Guidelines are silent on this product and its treatment effectiveness. There is no evidence based studies on this DME product. In order to continue the treatment, the provider should identify clear objective documentation of functional improvement in the specific patient's condition as a result of the treatment provided. Documentation of functional improvement may be a clinically significant improvement in activities of daily living, a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. Absent the above described documentation, there is no indication that the TheraCane which has been prescribed and used is effective or medically necessary for this patient. The 2 DME: tens patches times 2 pairs and self-therapy using theracane for submitted diagnosis of carpal tunnel syndrome, trigger finger, hand injury and cervical sprain as outpatient is not medically necessary and appropriate.