

Case Number:	CM15-0101834		
Date Assigned:	06/04/2015	Date of Injury:	11/15/2013
Decision Date:	07/03/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/27/2015

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: Preventive Medicine, Occupational Medicine

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 65-year-old female, who sustained an industrial injury on 11/15/2013. The injured worker is currently off work. The injured worker is currently diagnosed as having left hand pain and mild scapholunate ligament degeneration. Treatment and diagnostics to date has included two acupuncture sessions, which has been, very helpful, topical analgesic cream has been more helpful than Celebrex, and medications. In a progress note dated 03/04/2015, the injured worker presented with complaints of right wrist pain rated 2 out of 10 on the pain scale. Objective findings include tenderness over the ulnar aspect of the wrist. The treating physician reported requesting authorization for Transcutaneous Electrical Nerve Stimulation Unit trial and further acupuncture to the wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit 30 day trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

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

Decision rationale: The use of TENS for chronic pain is not recommended by the MTUS Guidelines as a primary treatment modality, but a one-month home-based TENS trial may be considered if used as an adjunct to a program of evidence-based functional restoration in certain conditions. A home based treatment trial of one month may be appropriate for neuropathic pain and CRPS II and for CRPS I. There is some evidence for use with neuropathic pain, including diabetic neuropathy and post-herpetic neuralgia. There is some evidence to support use with phantom limb pain. TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. It may be useful in treating MS patients with pain and muscle spasm. The criteria for use of TENS include chronic intractable pain (for one of the conditions noted above) with documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a one month trial period of the TENS unit should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used as well as outcomes in terms of pain relief and function, and a treatment plan including specific short and long term goals of treatment. The injured worker does not meet the medical conditions that are listed by the MTUS Guidelines where a TENS unit may be beneficial. The injured worker has recently used the TENS unit so a home trial is not warranted, There is no documentation of specific functional gains while using the TENS and there is also no documentation of decreased medication consumption while using the TENS unit. The request for TENS unit 30 day trial is determined to not be medically necessary.

Acupuncture therapy 2 times a week for 3 weeks to the wrist (outpatient): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Guidelines recommend the use of acupuncture in the treatment of chronic pain to improve function. The recommended time to produce functional improvement is 3 to 6 sessions at a frequency of 1 to 3 times per week over 1 to 2 months. Additional treatments may be necessary if there is documented functional improvement as a result to the trial of 3 to 6 sessions. The injured worker has had 12 previous acupuncture sessions with a significant decrease of pain. However, there is no evidence of documented specific functional gains. The request for Acupuncture therapy 2 times a week for 3 weeks to the wrist (outpatient) is determined to not be medically necessary.