

<b>Case Number:</b>	CM15-0146871		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	09/26/2014
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 (n) 86 year old male, who sustained an industrial injury on 9-26-14. He reported injury to his lower back, left shoulder, left wrist and left ankle related to a trip and fall accident. The injured worker was diagnosed as having left shoulder impingement, left rotator cuff tendon tear, left wrist carpal ligament tear, lumbar disc herniation and lumbar radiculopathy. Treatment to date has included physical therapy, acupuncture with no relief, a lumbar MRI, a left wrist MRI and Norco. On 4-16-15 the injured worker reported ongoing lower back and left wrist pain. The treating physician noted tenderness to the lumbar spine, a positive straight leg raise test and pain and cracking with left wrist range of motion. The treating physician recommended a left wrist arthroscopy and a consultation with a spine surgeon. On 6-26-15 the injured worker had a left wrist arthroscopic surgery. The treating physician requested a cold therapy unit for purchase and a TENS unit for purchase.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective cold therapy unit for purchase for DOS 6/26/15: 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), Forearm, Wrist, and Hand, Cold packs.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic), cold packs.

**Decision rationale:** The claimant sustained a work-related injury in September 2014 and underwent left wrist arthroscopic debridement on 06/26/15. Post-operative care requested included a cold therapy and TENS unit for purchase. In terms of thermal modalities, the use of cold is low cost as an at-home application, has few side effects, and is noninvasive. The at-home application of cold therapy can be recommended. However, in this case, simple, low-tech thermal modalities would meet the claimant's needs. The requested purchase of a cold therapy unit is not medically necessary.

**Retrospective TENS unit for purchase for DOS 6/26/15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116-117.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114.

**Decision rationale:** The claimant sustained a work-related injury in September 2014 and underwent left wrist arthroscopic debridement on 06/26/15. Post-operative care requested included a cold therapy and TENS unit for purchase. A one-month home-based trial of TENS may be considered as a noninvasive conservative option for treating chronic pain. In this case, the claimant had not had treatments following surgery including medications, use of compression and cold therapy, or other conservative care. Purchasing a TENS unit was not medically necessary or appropriate.