

Case Number:	CM15-0149777		
Date Assigned:	08/13/2015	Date of Injury:	01/20/2014
Decision Date:	09/10/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/03/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 39 year old female, who sustained an industrial injury on 01-20-2014. She has reported injury to the wrists, hands, and fingers. The diagnoses have included bilateral wrist ganglion cyst; and chronic, bilateral wrist pain secondary to prominent pisiform bones. Treatment to date has included medications, diagnostics, splinting, and bracing. Medications have included Tramadol, Motrin, Trazodone, and Sertaline. A progress report from the treating physician, dated 04-27-2015, documented an evaluation with the injured worker. Currently, the injured worker complains of right hand pain with no change; the pain varies and is rated at 2-8 out of 10; increased pain with gripping and grasping and when pressure is applied; there has been no treatment since last visit; and the medications are helping with the pain. Objective findings have included guarding of the right hand; she moves about protectively; and there is prominent right pisiform bone at the volar aspect. The treatment plan has included the request for retro use of dual IF (interferential) TENS (transcutaneous electrical nerve stimulation) unit and supplies-bifurcated lead wires, date of service: 05-27-15; and retro review home care training to home care client, date of service: 05-27-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Use of Dual IF/TENS Unit and Supplies/Bifurcated Lead Wires DOS 5/27/15:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation, Guidelines transcutaneous Electrical Nerve Stimulation Page(s): 118-119, 114-116.

Decision rationale: According to MTUS guidelines, "Interferential Current Stimulation (ICS); Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone". "While not recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway: Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: 1) Pain is ineffectively controlled due to diminished effectiveness of medications; or 2) Pain is ineffectively controlled with medications due to side effects; or 3) History of substance abuse; or 4) Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or 5) Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.)." According to MTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. In this case, there is no evidence that a functional restoration program is planned for this patient. Furthermore, there is no clear information about a positive one month trial of TENS. The provider should document how IF/TENS unit will improve the functional status and the patient's pain condition. Therefore, the retrospective prescription of Dual IF/TENS Unit and Supplies/Bifurcated Lead Wires is not medically necessary.

Retro Review Home Care Training to Home Care Client DOS 5/27/15: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: According to MTUS guidelines, home care assistance is "Recommended only for otherwise recommended medical treatment for patients who are homebound, on a part- time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. (CMS, 2004)". There is no documentation that the patient recommended medical treatment requires home health training. There is no clear evidence that the patient lives alone or has significant functional limitations that would require home care training. Therefore the retrospective review for Home Care Training is not medically necessary.

