

<b>Case Number:</b>	CM15-0206643		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	04/24/2015
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	10/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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: Emergency 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 61 year old female, who sustained an industrial injury on 4-24-15. Medical records indicate that the injured worker is undergoing treatment for a cervical spine sprain-strain, right wrist contusion, right upper extremity neuropathy, carpal tunnel syndrome, right wrist triangular fibrocartilage complex tear, right wrist avascular necrosis, right wrist tenosynovitis, brain diffuse axonal injury, cervical spine multi-level disc herniation and disc desiccation, anxiety and insomnia. The injured worker is currently temporarily totally disabled. On (9-18-15) the injured worker complained of headaches and constant upper back pain, which radiated to the bilateral shoulders with associated needles and hot sensation. The injured worker also noted intermittent right wrist pain, which radiated to the right hand and fingers with associated numbness, tingling and a hot sensation. The injured workers pain was rated 7 out of 10 on the visual analog scale. Examination of the cervical spine revealed tenderness to palpation with spasm over the paraspinal muscles and upper trapezius muscles bilaterally and the cervical seven spinous process. Range of motion was limited related to pain. Orthopedic testing was negative. Right wrist examination revealed mild inflammation and a cystic mass at the radiocarpal joint. Tenderness to palpation was noted over the wrist joint and range of motion was limited due to pain. Treatment and evaluation to date has included medications, MRI of the right wrist-cervical spine and brain, Functional Capacity Evaluation, chiropractic treatments, physical therapy, acupuncture treatments and electrodiagnostic studies. Current medications include cyclobenzaprine and newly prescribed Ibuprofen and medicated creams. The current treatment requests include a hot and cold pack-wrap or thermal combo unit and an electrical nerve stimulation unit. The Utilization Review documentation dated 10-16-15 modified the request to an electrical nerve stimulation unit trial of 30 days (original request electrical nerve stimulation unit) and a hot-cold pack (original request cold pack-wrap or thermal combo unit).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Transcutaneous electrical nerve stimulation (TENS) unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** As per MTUS Chronic pain guidelines, TENS (Transcutaneous Electrical Nerve Stimulation) may be recommended only if it meets criteria. Evidence for its efficacy is poor. Pt does not meet criteria to recommend TENS. TENS is only recommended for neuropathic or Complex Regional Pain Syndrome (CRPS) pain. Patient has a diagnosis of various pains including back pains, radicular pain and carpal tunnel pain. There is no documentation of failures of conservative treatment modalities. It is unclear where TENS is to be used since patient has multiple areas of claimed pain. Guidelines recommend use only with Functional Restoration program, which is not documented. There is no documentation of short or long-term goal of TENS unit. There is no documentation of an appropriate 1-month trial of TENS. Patient fails multiple criteria for TENS purchase. TENS is not medically necessary.

**Hot and cold pack/Wrap or Thermal combo unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute and Chronic), Continuous-Flow Cryotherapy.

**Decision rationale:** ACOEM guidelines only have general recommendations concerning icing and use of heat. Provider's note specifically request Vascutherm. As per Official Disability Guidelines, continuous flow cryotherapy is only recommended as a post-surgical option for shoulder as it may decrease inflammation, pain and swelling. Patient is not scheduled for surgery. Provider has failed to document any justification as to why any special devices or items are needed when basic ice from a freezer or a heating pad available anywhere is not sufficient. Therefore, the request is not medically necessary.