MAXIMUS Federal Services

Case Number:	CM15-0036215		
Date Assigned:	03/04/2015	Date of Injury:	03/08/2014
Decision Date:	04/14/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/26/2015

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: Ohio, North Carolina, Virginia
Certification(s)/Specialty: Family Practice

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 31 year old female, who sustained an industrial injury on 3/8/14. She has reported pain in the right thumb related to hyperextension. The diagnoses have included right thumb MCP joint ulnar collateral ligament injury and De Quervain's tendinitis of the right thumb. Treatment to date has included right hand MRI and pain medications. As of the PR2 dated 7/31/14, the injured worker reports continued pain in the right thumb that radiates to the right elbow. The treating physician applied a short arm thumb spica cast with IP joint free to the injured worker. The treating physician requested a TENs unit, arm sling and wrist exercise kit for purchase. On 2/2/15 Utilization Review non-certified a request for a TENs unit and wrist exercise kit for purchase and certified a request for an arm sling. The utilization review physician cited the ACOEM guidelines. On 2/23/15, the injured worker submitted an application for IMR for review of a TENs unit, arm sling and wrist exercise kit for purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME Purchase: TENS unit, arm sling, wrist exercise kit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-115. Decision based on Non-MTUS Citation Official Disability Guidelines. Forearm, Wrist, and Hand Chapter. Exercises section.

Decision rationale: TENS, chronic pain (transcutaneous electrical nerve stimulation): Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to aprogram of evidence-based functional restoration, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Criteria for the use of TENS: Chronic intractable pain (for the conditions noted above): Documentation of pain of at least three months duration. There is 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 adjunctto 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; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usag. A treatment plan including the specific short and long term goals of treatment with the TENS unit should be submitted. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. The Official Disability Guidelines recommend specific hand and wrist exercises for range of motion and strengthening. Patients should be advised to do early passive range-of-motion exercises at home. Instruction in proper exercise technique is important, and a few visits to a good physical therapy provider can serve to educate the patient about an effective exercise program. Patients' at-home applications of heat or cold packs may be used before or after exercises and are as effective as those performed by a therapist. Stretching exercises as recommended by AAOS have positive, limited evidence. (Various) (Handoll-Cochrane, 2002) (Handoll, 2006) There is limited evidence that nerve and tendon gliding exercises and wrist splinting result in superior static two-point discrimination compared to wrist splinting alone in the medium-term. Limited evidence suggests that exercise plus wrist splinting and wrist splinting alone provide similar improvement in symptoms, hand function, grip strength, pinch strength, Phalen's sign, Tinel's sign and patient satisfaction. (O'Conner-Cochrane, 2003) Hand exercises might have some effect on arthritis pain, but the evidence is not strong, according to a new systematic review. Some weak studies suggest that patients should do repetitions of different exercises to increase both joint mobility and grip strength for a minimum of 20 minutes three times a week. Due to the risk of developing deformities in the thumb base joint, patients should probably avoid excessive exercises to improve pinch strength, and include exercises to strengthen the muscles involved in opening the hand to be able to grip larger objects. In this instance, there is no evidence that a 30 day trial of a TENS unit has been undertaken successfully. There is no evidence the injured worker has 'intractable pain'. The medical necessity for the purchase of a TENS unit has not been established. While wrist exercises are recommended by the guidelines, the submitted documentation does not show the need for specific home equipment. The medical necessity for a wrist exercise kit has not been established by the submitted medical record.