

Case Number:	CM15-0086526		
Date Assigned:	05/08/2015	Date of Injury:	10/17/2014
Decision Date:	07/01/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/05/2015

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 57 year old female, who sustained an industrial injury on 10/17/2014. She reported cumulative trauma injuries. The injured worker was diagnosed as having bilateral wrist arthralgia, bilateral hand pain, rule out osteoarthritis, bilateral thumb pain, rule out DeQuervain's tenosynovitis, and bilateral foot pain rule out plantar fasciitis. Treatment to date has included over the counter medications. The request is for a thermal combo unit, interferential unit, multi-stim unit, and transcutaneous electrical nerve stimulation unit. On 4/21/2015, she complained of right wrist pain rated 6/10, pain of left fingers rated 6/10, and bilateral feet pain rated 7/10. She has been taking over the counter medications for pain. She indicated the over the counter medications decrease her pain. The treatment plan included: x-rays, acupuncture, chiropractic treatment, TENS/multi-stim/interferential unit, hot and cold pack/wrap or thermal combo unit for home use, Naproxen, Protonix, and transdermal analgesics. On 4/27/2015, she complained of right wrist pain. The pain is not rated. The treatment plan included: continuing chiropractic treatment, Protonix, Flexeril, Voltaren, continue independent exercises, x-rays, TENS/multi-stim unit/interferential unit, hot and cold pack/wrap or thermal combo unit. There are not other medical records available for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thermo combo unit: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Ankle: Continuous-flow cryotherapy.

Decision rationale: MTUS Chronic pain and ACOEM guidelines only have basic information concerning icing during acute stage of an injury. As per Official Disability Guidelines, continuous cold units such as thermo combo units are only recommended post-surgery. There is no documentation as to why patient cannot use basic ice packs or heating packs that's readily available at any convenient store or from any home's kitchen. Thermo combo unit is not medically necessary.

Multi stim 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 Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

Decision rationale: A "multi-stim" device may have multitude of different setting and functions. Review already has determined that Interferential Current Stimulation (ICS/IF) and Transcutaneous Electrical Stimulation (TENS) are not recommended. An additional function noted in multi-stim devices is Neuromuscular electrical stimulation (NMES devices). As per MTUS guidelines, NMES devices are not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. All functions of a multi-stim unit are not medically necessary or recommended.

IF 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 Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: As per MTUS Chronic pain guidelines, Interferential Current Stimulation is not recommended as isolated modality. There is very little evidence to show it is superior to standard Transcutaneous Electrical Nerve Stimulation (TENS). The documentation does not meet guideline criteria for recommendation. There is no documentation of failure of standard therapy or poor pain control on medication. Patient does not meet criteria to recommend TENS much less a need for interferential stimulation. ICS is not medically necessary.

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 Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

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 radicular pain. There is no documentation of failures of multiple conservative treatment modalities. 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 1month trial of TENS. Patient fails multiple criteria for TENS purchase. TENS is not medically necessary.