

Case Number:	CM14-0097331		
Date Assigned:	07/28/2014	Date of Injury:	08/16/2008
Decision Date:	10/03/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/25/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 27 year old male who reported injury on 08/16/2008. The mechanism of injury was not specified. His diagnoses included right wrist pain. His past treatments included medications, right wrist surgery and a wrist brace. His diagnostic test included an x-ray of the right wrist on 06/23/2014 that revealed, disuse atrophy of the right upper extremity with extreme degenerative changes in the right wrist and status post-surgery with excision of the scaphoid. He was status post right wrist surgery on 06/18/2013. The injured worker complained on 06/23/2014 of horrible pain in his wrist and that he has been unable to sleep. The physical exam findings included, visible right upper extremity atrophy of both arm and forearm; gross loss of range of motion in the wrist, gross tenderness at carpal bones and radius; he had no ulnar aspect, he also had crepitation during range of motion with extreme pain and poor grip strength at 50%. His medications included Norco, Lidoderm patches, Mobic and Ambien. The treatment plan included since the TENS unit was denied, modification of oral medications was needed, a follow up visit for re-evaluation in 1 month to check medications and suggested seeing a subspecialty hand and wrist doctor for second opinion. The rationale for the request was for additional pain control. The request for authorization form was provided on 06/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The request for TENS unit is not medically necessary. The injured worker has a history of right wrist surgery and pain. The California MTUS guidelines state TENS units are an electrotherapy that represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. It is 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 a program of evidence-based functional restoration. A home-based treatment trial of one month may be appropriate for neuropathic pain and chronic regional pain syndrome II and for chronic regional pain syndrome I. The injured worker complained of right wrist pain, however, the request would be supported for the initial trial of a TENS unit, but the request did not specify whether it was for purchase or a trial. Additionally, an evidenced based adjunct program for functional restoration would need to be noted as in physical therapy or a home based exercise program. Therefore, the request is not supported. As such, the request for TENS unit is not medically necessary.

Pain Management referral: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ACOEM Chapter 7 pg 127, Official Disability Guidelines

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), Office Visits

Decision rationale: The request for pain management referral is medically necessary. The injured worker has a history of right wrist surgery and pain. The OGD guidelines recommend office visits as determined to be medically necessary. Evaluation and management of outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. The injured worker complained of lack of sleep, right wrist pain and is status post-surgery with excision of the scaphoid with evidence of an x-ray on 06/23/2014 that showed disuse atrophy of the right upper extremity with extreme degenerative changes in the right wrist. The exam on 06/23/2014 noted the injured worker had visible right upper extremity atrophy of both arm and forearm, gross loss of range of motion in the wrist, gross tenderness at carpal bones and radius, crepitation during range of motion with extreme pain and poor grip strength at 50%. The request is supported for pain management referral based on the injured worker's right wrist concerns, sign and symptom

findings and the rationale that was provided. Additionally, the injured worker is currently under opioid therapy with Norco and Lidoderm which requires close monitoring. Therefore, the request is supported. As such, the request for pain management referral is medically necessary.