

Case Number:	CM14-0211057		
Date Assigned:	01/02/2015	Date of Injury:	04/01/2014
Decision Date:	02/13/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/16/2014

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 Family Practice 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:

36 yr. old male claimant sustained a cumulative work injury from 1/1/09-8/7/14 involving the wrists. An MRI of the left arxm noted a radial collateral ligament tear. He was additionally diagnosed with bilateral wrists strains. A progress note on 11/13/14 indicated the claimant had pain in both wrists. Exam findings were notable for a ositive axial grind test. A prior EMG and NCV were normal. There was no limitation in tange of motion of the arm or wrists. Surgery was recommended for the left collateral ligament. An MRI of the left wrist was requested to rule out a scapholunate tear. He was to undergo a trial of a TENS unit range of motion testing of the wrists and elbows.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of motion testing for the bilateral wrist and elbow: 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) Low Back Chapter, Computerized Range of Motion (ROM)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 82-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Range of Motion and Flexibility

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. In this case, there is no indication that range of motion would require a physician or therapist, or the length of intervention. In this case, it had been performed with unremarkable findings. As such, this request is not medically necessary.

TENS unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS).

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

Decision rationale: According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: Complex regional pain syndrome (CRPS), multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the injured worker did not have the above diagnoses. Guidelines recommend a month use. In this case, response to a TENS is unknown; therefore, this request is not medically necessary.